CityLights

CityMatCH

Taking Care of Others, Taking Care of Ourselves

Summer 2024 Issue

CityView:

The Importance of Self-Care

According to the National Institute of Mental Health, "Self-care means taking the time to do things that help you live well and improve both your physical health and mental health." (1) They go on to state that practicing self-care can help you manage stress, lower your risk of illness, and increase your energy. It is noted that even small acts of self-care can have a big impact on your daily life.

In a guide created by the National Alliance on Mental Illness (NAMI), they recommend to first get to know your body to understand how stress affects you. (2) Stressors in your life may stem from finances, relationships, loss, injury or illness, your work environment, politics, or a combination of these. And some racial and ethnic minorities live with additional stressors including racism, prejudice, and discrimination.

Whatever your stressors may be, NAMI states some common physical symptoms of stress include headaches, low energy, upset stomach (including diarrhea, constipation and nausea), aches and pains, and insomnia. NAMI encourages you to identify how you feel stress and then identify the root cause whether it be a certain event, situation, person, or place.

To combat or subdue some of the stress in your life, the following is recommended:

Protect your physical health by exercising daily

This could consist of walking for just 30 minutes each day or joining a workout class to stay accountable.

Eat healthy, regular meals

This may look like filling half your plate with fruits and vegetables at each meal, as recommended by USDA MyPlate. (3)

You might also consider limiting highly processed foods that often contain a lot of added sugars and sodium.

In addition to eating healthy foods, remember to stay hydrated by drinking lots of water.

Get enough sleep by prioritizing your bedtime routine.

Pick a time to start your bedtime routine and stick to it, whether it's a hot shower and reading a chapter of your current book or a cup of tea while cuddling with your pet, make time to relax before you get some shut eye.

In addition, avoid blue light exposure at bedtime from your cell phone or computer as that can make it harder to fall asleep. (1)

REFLECT AS YOU READ

- What small changes can you make to incorporate more self-care?
- Do you experience burnout in your workplace? If so, what institutional changes can you build to support yourself and others?
- When working with your teams, projects, etc. do you feel you both support and are supported?

Practice relaxation and gratitude

Deep breathing and meditation are just a couple ways to ground yourself and reduce stress.

You may also consider starting a gratitude journal to write down what you're thankful for or maybe just say it out loud.

Stay connected with friends, family, or a counselor

Stress can make you feel isolated or alone. Connect with someone who you trust that can provide emotional support or give you practical advice.

As professionals specializing in maternal and child health, you are aware of the importance of managing stress to promote good health outcomes. Self-care can be a challenge to commit to, but it can play a significant role in improving or maintaining your mental and physical health. From a dedicated hour to reading a book to prepping healthy meals for your work week, you can find several ways to create a healthy routine, catered to your personal interests, that fit into your weekly or even daily schedule.

"If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988lifeline.org. This service is confidential, free, and available 24 hours a day, 7 days a week. In life-threatening situations, call 911."

Resources
https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health
https://namica.org/blog/self-care-guide/
https://www.myplate.gov/eat-healthy/what-is-myplate-

and overall well-being.

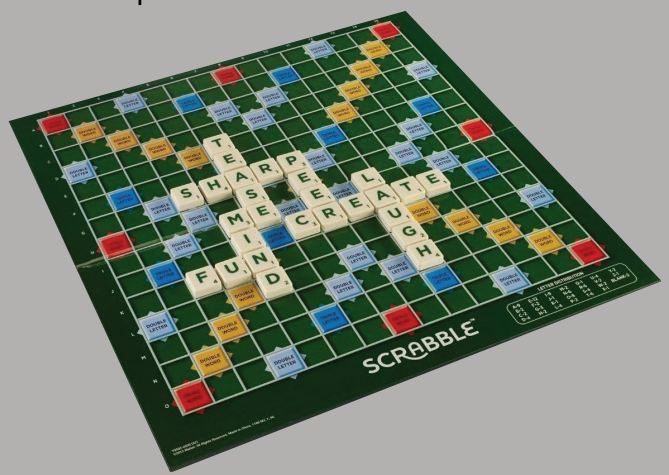
Written by Kali Ratigan, CityMatCH

Staff Self-Care

Lauren Garcia
There is nothing like eating a full feast, like rack of ribs, in the bathtub with my shows, epsom salts, and candles going then moisturizing, immediately putting on a full sweat outfit, and cuddling with my pets.

Kali Ratigan
One of my favorite self-care things is to take the time to wash and style my hair. My natural hair can be exhausting at times, and I choose to straighten it for ease during a busy schedule, but I feel really good when I take the time to wash, detangle, and style my curls so they are defined and take up a lot of space :)

Ashleigh Sutphen
Spend time / self-care with my Frenchie Blossom (skin nails, treats) who is the best remote co-worker. And, you may have heard her pig like noises or snoring on meetings with me. Nearly every weekend, I have Sunday Scrabble dates with my husband to unplug and have time for unwinding before the next weeks' busy.



Regan Johnson
Walks with Indie and working out

Janet Rogers
I do twice a week yoga sessions at UNMC Engage Wellness Facility.

Doula Edition:

How Do We Care for Those Who Care for Us?

I sit here writing about self care for birth workers. I knew this would be a labor of love…pun intended.

Surround yourself with other birth workers that share your values, morals, goals, and spirit.

I sat at my computer logging into another virtual meeting platform waiting to begin a session with birth work warrior like me. We planned the meeting with strategy in mind and ended up with healed hearts, tears, laughter, lighter burdens, and virtual hugs that felt as warm as any tangible embrace, I had experienced.

This could have been earlier in the week, last month, or anytime in the past few years. The common thread: connection to the ones who are on the inside of the birth worker world. Not just familiarity and common skill sets, but the ones who stay up at night worried about birth justice like I do. The ones that have made and received calls at 4 am after a birth with any number of outcomes and audibly hold your hand on the way home. That human being who, not only understands, but has been changed in ways that I have been changed.

This trusted connection may have a counselor that we trust to help us on our mental health journey. This team member may pray with us openly or for us quietly. We may get doula-ed by another doula with their physical, emotional, and informational support tools.

I am in a constant state of learning what I need to nurture and strengthen myself as a birth worker. I am figuring out where to gently place my No in order to protect the Yes I give those to whom I provide care. I thank YOU, my family of birth work warriors! I hope I can be the soft place to land that you are for me.

Care Support for Doulas:

- Emotional Support and Access to Mental Health Services

- Physical Well-being and Prioritizing Sleep & Rest Periods Between Birthing Clients

- Professional Boundaries & Support with Workload Limits

- Continued Education and Access to Professional Growth & Development

- Well-being Advocates in the Workplace

Written by Erika Millender,
Birth Detroit
and Lauren Garcia, CityMatCH

A Call to Action:

Center Maternal Mental Health for Change

We cannot focus on Maternal Child Health without acknowledging Maternal Mental Health.

The lasting effects of Covid are being revealed and data has begun to tell the story of its impact on communities. With these narratives come acknowledgment of the need for dismantling of systems of oppression, a deeper understanding of social determinants of health and the true meaning of holistic health measures.

As an advocate within the Maternal Child Health field, I honor the trail that was blazed by those that came before me, give thanks for the flowers that now spring forth where once there was only dirt and seasons of rain that was thought to never end. I also recognize that in order to create change forging one's own path is necessary. For me that path leads to illuminating the role of Maternal Mental Health within the Maternal Child Health field.

With the heightened sense of urgency with- in the pandem- ic came exacer- bated symp- toms of anxiety, depression, and other Mental and Behavioral Health disorders. The world began to speak more to the need for access, awareness and equity within the field of Mental Health. There also came the call for interdisciplinary approaches to all aspects of health that would allow for more holistic healing to take place within communities.

Over the past year data has shown that Mental Health for birthing people and their partners is an area that often goes under diagnosed. 1 in 7 birthing people experience Perinatal Mood and Anxiety Disorders (PMADs), which may occur during pregnancy and up to one year postpartum. PMADs include:

1. ***Perinatal Depression***
2. ***Perinatal Anxiety***
3. ***Perinatal Obsessive-Compulsive Disorder (OCD)***
4. ***Postpartum Depression***
5. ***Postpartum Post-Traumatic Stress Disorder (PPTSD)***
6. ***Postpartum Psychosis***

While initiatives have begun to better address the needs of birthing people during pregnancy and postpartum studies have shown that African American birthing people and birthing people of Latin origin are less likely to both report and be treated for Mental Health related issues. The disparities in care and inequality within systems associated with Mental and Behavioral Health services are also highlighted in reports that identify the fear and concerns of communities of color around reporting their mental health concerns.

Creating change within Maternal Child Health means ensuring the mental health needs of the communities we work alongside are met. There is no true solution to issues such as Maternal Mortality and Infant death without an increased focus on the intersection of Mental Health and Maternal Child Health. We can not go back to working as we once did pre Covid or to the mindset of what was once considered normal. This pandemic has illuminated that normal was in need of change before its affects on our communities began to be realized.

RESOURCES:

- Postpartum Support International: https://www.postpartum.net/
- Black Mothers Get Less Treatment for Their Postpartum Depression. Morning Edition. NPR, November 29, 2019.
- Kozhimannil KB, Trinacty CM, Busch AB, Huskamp HA, Adams AS. Racial and ethnic disparities in postpartum depression care among low-income women.

Psychiatr Serv. 2011 Jun;62(6):619-25.

Written by Chemyeeka Tumblin, PostivelyMyeek, LLC

Understanding the Emotional Labor of Public Health Equity Work

In order to correct race-based health inequities, we need a resilient public health workforce. But with so much personal investment in an, at times, emotionally draining field, health equity workers are often left feeling burnout. To bring light to the issue, a mixed methods study conducted by Abresch et al. (2023) attempted to measure, for the first time, the presence of emotional labor involved in public health equity work and how to better comprehend its dimensions.

"Emotional labor occurs when work requires the management of personal emotions for effective job performance or the realization of workplace norms and goals." 2,3,4

Guided by their main research question, "In what ways is emotional labor required in health equity work, and what does it involve," the team used multiple approaches to collect data from public health equity workers at the state, local and community-based level. Data collection methods included a national survey to collect quantitative data and interviews carried out with a subset of participants via Zoom to collect qualitative data. Their survey titled, Health Equity Emotional Labor Questionnaire, made up of 24 questions in six categories, asked participants to rate the emotional demands of their public health equity work. For some of those who indicated they were willing, a follow-up interview was conducted to get a greater understanding of their experiences.

Results from the quantitative portion of the research showed that public health equity work involves significant levels of emotional labor, and that support could be improved. As a person reading this in the public health workforce, this finding comes as no surprise. If fact, you can probably think of multiple scenarios in your daily work in which you are dealing with emotionally triggering issues, especially for Black and Indigenous populations, racial and ethnic minorities, and women.

During the in-depth interviews, the research team began by providing Paula Braveman's definition of health equity.

"Equity means justice. Health equity is the principle or goal that motivates efforts to eliminate disparities in health between groups of people who are economically or socially worse-off than their better-off counterparts." 5.

In response to the research questions, the study team identified eight themes. In the table on the next page, you can see the breakdown of themes relative to the question being asked.

There are numerous participant quotes provided in the original article. Provided below is some of the qualitative data gathered from interviewees representing some of the overall themes.

Health Equity Work Requires Emotional Labor

"You know, I thought that when I got old it would get easier, but it hasn't. It's actually gotten a little bit more difficult. I think, you know, coping... I don't know how I cope. I try to, you know, not think about it as much… and so it can be [pause] tough to deal with."

"As part of the group that experiences compromised outcomes, it's impossible not to internalize some of what you feel is

unfair…it's more than a personal reaction because you see the way it's influenced your family..."

Managing Perceptions

"I've really been kind of trying to make it my mission to, like I said, about this perspective transformation, trying to get people to understand that people are limited by the choices that they have."

Health Equity Work is Meaningful

"I feel like it is my responsibility to do what I do. It's a moral imperative for me. It's not just a paycheck, it's not just a job, you know, there's a bigger picture here. And I do feel a responsibility…"

Health Equity Work Requires Self-Care

"It can be very frustrating, exceptionally stressful at times, and I think a lot of us, including myself, don't pay enough attention to self-care, if you will, in the process of doing this work."

"I do feel responsible for myself. I don't think that I take the time to take care of myself as much as I should in this work, because I am so passionate about it. I can get so wrapped up that it's like all of my time and all of my energy, and all of my being is in the work."

Professional Support Matters

Many study participants stated that their workplace support for healthy equity work is inadequate and noted a need for additional professional support.

"They [my employers] don't get this… It's very sanitized, very white, and so I don't go there with false expectations thinking that I'm going to be able to establish camaraderie, friendship, love, and inspiration from them because they live in different realities, quite frankly."

"What supports do you need from your employer to better cope with the emotional demands of your job?"

"They formed a task force within the organization for diversity, equity and inclusion. But they do a lot of talking, you know, so there's like, not a lot of action."

"...being again a black man or person of color, as you know, many times people expect you to be the voice of those within the organization and so again, you're tasked with creating this support within the organization… And so, implementing a lot of that support becomes challenging because they want you to do it all or you have all the answers. Again, back to that emotional toll…"

Support Suggestions for Workplaces

"I would like the workplace to just understand the double burden of doing health equity work as a Black person. And understand… I'm probably harming my health… and respecting and honoring that sacrifice that all Black people are making in doing health equity work."

"Workplaces, especially in places that work in health equity, have a responsibility to their employees to support them. Because it is very, very hard work. Black and Brown people come into work carrying the burden and pain and trauma of current events, people dying, police brutality, and stuff like that. And then we're expected to show up, as if everything was normal, as if we're at 100% capacity as if we don't have anything else going on in our lives, like in our communities, or in our families or you know, at home. Some recognition of that and then some support in dealing with that would be really important."

As the first study to quantify emotional labor in public health equity work, Abresch et al. (2023) acknowledged there is more research to be done. They noted that while the maternal child health workforce conducts a large amount of equity work, there are other sectors within public health that should be studied. Moving forward, the team suggests public health agencies and workforce experts review their research findings and develop a comprehensive support system for public health equity workforce. From there a suitable model should be tested and implemented to best support public health equity professionals like you.

Qualitative Research Questions & Themes

1. What does emotional labor of health equity work look like?	2. What are some of the benefits and drawbacks of emotional labor in health equity work?	3. How do health equity workers cope with the emotional demands, and what more do they need?
-Defining Health Equity Work *-Health equity work requires emotional labor & managing perceptions*	*-Health equity work is meaningful* *-Collaboration impacts emotional labor costs*	*-Health equity work requires self-care* *-Personal/Professional support matters*

RESOURCES:

Abresch, C., Gilbert, C., Johnson, M. et al. Understanding the Emotional Labor of Public Health Equity Work: a Mixed Methods Study. J. Racial and Ethnic Health Disparities 10, 1047–1057 (2023). https://doi.org/10.1007/s40615-022-01292-9

England P, Folbre N. The cost of caring. The Annals of the American Academy of Political and Social Science. 1999 Jan;561(1):39-51.

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Braveman P. What is health equity: and how does a life-course approach take us further toward it? Matern Child Health J. 2014;18(2):366–72. Psychiatr Serv. 2011 Jun;62(6):619-25.

Written by Kali Ratigan, CityMatCH
Reference Article by Chad Abresch, Carol Gilbert, Marilyn Johnson, et al.

Conference Highlights:

Workforce Development & Support

When it comes to the workplace, there are many factors that influence your environment. From your workload to management, everyone experiences different levels of stress that can change day to day. In addition, due to the nature of work for public health professionals, who often feel a deep connection to their work, it can be taxing. While there are many ways to cope on your own such as exercise, eating a healthy diet, and getting enough sleep, it is also the responsibility of your workplace to invest in your health. At our last CityMatCH Leadership Conference, there were numerous sessions on workforce development, training and education, and building leadership capacity to support the MCH workforce.

2091 – Building and Supporting a Resilient Local MCH Workforce: An Interactive Discussion to Amplify All Voices

During a 90-minute facilitated discussion, presenters Michelle Tissue and Laura Ramos, with the MCHB National MCH Workforce Development Center, asked attendees to share their current and future workforce development needs. They began by outlining the results of the Public Health Workforce Interests and Needs Survey (PH WINS) where attendees saw in numbers how the MCH workforce is doing related to well-being. "The results of the 2021 PH WINS Survey highlight key opportunities to support and strengthen the local MCH workforce. Nearly 80% of PH WINS respondents that identified working in MCH also indicate that they work in a local health department. 58% of respondents reported at least one symptom of PTSD and 21% of the MCH workforce reported fair or poor well-being." Following the sharing of results, participants had the opportunity to engage in small group discussion regarding capacity building, addressing skill needs, leveraging infrastructure funding, existing support strategies for mental health challenges, and future improvements to be made. The presenters noted, "[it is important to] collaborate with colleagues to identify promising strategies to address top training needs, specifically those related to stress and burnout." Moving forward, the health and well-being of the MCH workforce must be prioritized so that there is a healthy and robust workforce to continue to identify and address the ever-changing needs of MCH populations.

2124 – Positioning Maternal and Child Health Practitioners for Transformational Leadership through Anti-Oppression Frameworks And Dialogue

In an oral abstract presented by Candice Belanoff and Patricia Elliott, they noted the need for public health graduate students to receive formal training on directly addressing power, privilege, and positionality to be successful in their future MCH work. To fill knowledge and skill gaps for the incoming workforce, Boston University School of Public Health enrolled MPH students in three MCH courses that centered around social justice, racism and systems of oppression in America, research methods for public health equity, and public health program management. The courses were facilitated using storytelling through case studies and personal experiences, group discussion, and journaling. When evaluating the courses, the presenters stated, "Students who completed feedback forms... indicated that engaging in dialogue, and having real case studies to discuss were helpful in obtaining skills that can be applied to future MCH leadership roles." Based on the success of these courses, Belanoff and Elliott concluded, "the skills learned through dialogue can

be applied to various settings as students join the Maternal and Child Health workforce as practitioners. Strategies for fostering conversations around challenging situations and managing teams will ultimately help in better collaborating with and centering communities." With results like this, it may be worthwhile for other academic institutions to follow suit and strengthen the expertise of the MCH workforce through similar education opportunities.

1976 – Feeling Included: A Mixed Methods Exploration of Factors Influencing Family Medicine Residents' Decision to Provide Maternity Care in Future Practice

In another oral presentation, presenter Cynthia Salter discussed the findings of a mixed methods study that explored factors that influence family medicine residents' decision to provide maternity care in their future proactive. Salter noted that since guidelines changed in 2014, which reduced the minimum requirement for total training deliveries, training programs have been putting less emphasis on delivery training and maternity care. With rising rates of maternity mortality and severe maternal morbidity, and alarming racial disparities in birth outcomes in the US, Slater stated that cutting training requirements is a big problem as this may contribute to the scarcity of maternity care providers, limiting healthcare access in some settings including rural and underserved communities. "Findings point to needs for well-supported training that allows residents to feel competent, supported and included in the obstetric team." Slater went on to state, "A well-trained, diverse and widely available maternity care workforce is key to ensuring access to high-quality maternity care services, particularly in rural and medically underserved areas, and is fundamental to addressing ongoing high rates of maternal mortality and severe morbidity, as well as stark racial inequities in birth outcomes."

2074 – A labor of love: developing a Navajo-specific doula and lactation curriculum to raise the next generation of Indigenous birth workers.

In effort to reclaim and revitalize the Indigenous doula workforce, Ms. Stacey Litson who is Tódích'íí'nii born for Tábaahái, chei's are Áshiihíí and nali's Kinyaa'áanii are, and Ms. Amber-Rose Begay who is Hashk'ąąhadzohi born for Táchii'nii, chei's are Tábąąhá and nali's are Naakai Dine'é who work with the Navajo Maternal and Child Health (MCH) Project at Diné College, presented their work on the creation of a Navajo-specific doula and lactation curriculum designed to lift up the next generation of Indigenous birth workers. Liston and Begay stated, "while Indigenous doulas (i.e. birth workers) have provided their communities with prenatal, labor, postnatal, and lactation support for generations, the profession was threatened by historical, patriarchal, and racist events (e.g. colonization, medicalization of birth)." In partnership with Norhtern Arizona University with funding from the Kellog Foundation, the team first distributed surveys to measure interest in becoming a doula/lactation peer counselor. Second, with the support of additional partners, the team offered a four-day full spectrum doula training and a five-day lactation peer counselor training to those interested. Following completion of the training, trainees were surveyed once more, and results were given to a newly established working group consisting of Navajo area doulas and caregivers, Diné College public health faculty and staff, and MCH content experts who were tasked with, "guid[ing] the creation of the culturally specific doula curriculum for the Navajo Nation." Litson and Begay stated they plan to pilot the curriculum in the 2024 academic year. Their effort, "aims to increase equitable access to doulas on Navajo Nation and subsequently improve perinatal health outcomes for Navajo mothers and families."

Conclusion

It is discussions, innovative design, and action as presented at the past conference that is going to build up the MCH workforce. Leaders in the field must be forward-looking in providing the best support to current and future MCH professionals.

Written by Kali Ratigan

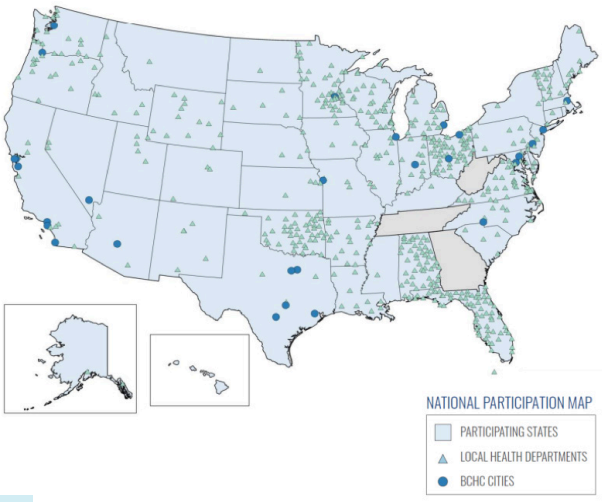
Reference Work by Michelle Tissue, Lauren Ramos, Candice Belanoff, Patricia Elliott, Cynthia Salter, Ms. Stacey Litson, and Ms. Amber-Rose Begay

Healthy Communities, Healthy People:

Building and Supporting a Resilient Local Maternal and Child Health (MCH) Workforce

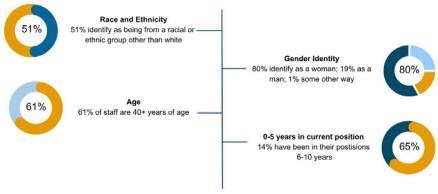
Last year, PH Wins (Public Health Workforce Interests and Needs Survey) was fielded for the third time by the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO) between September 2021 and January 2022. (Previously fielded in 2014 and 2017) It is the only nationally representative survey of state and local government public health employees in the United States and provides data on workforce demographics, job characteristics, training needs, intent to stay or leave, professional engagement and satisfaction, and other areas.

After 44,732 completed surveys with 18% of those focused around MCH workforce, we now have a better understanding of the composition and needs of Title V workforce, details on



leadership development opportunities, and knowledge and skill gaps where programming could be created.

A Snapshot of the Local Public Health Workforce



The State of Local MCH Workforce

The above graphic shows the composition of LHD (both MCH and non-MCH) employees who shaped our PH Wins Responses below.

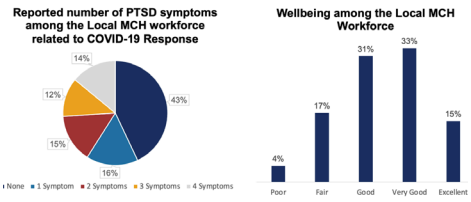
The survey modules showed the majority of MCH-affiliated respondents to PH WINS work at the local level with over 80% unsure of or are not affiliated with Title V. It also showed a majority of the local MCH workforce as White (54.7%), women (92.4%), between the ages of 30-60 (76.8%), and in their current position for less than 5 years (54.8%).

Even with most employees in their positions for less than 5 years, there is still a large number of employees with the intent to leave before the next 5. 24% of staff members reported considering leaving in the next year and 21% considered retiring in the next 5 years.

Looking at this intent to leave, drives the question of "Why?" Something PH Wins explored through mental health and wellbeing measures and leadership development and training needs.

Some important highlights from the survey showed that a majority of participants reported 1 or more PTSD symptoms related to COVID-19

Mental Health and Wellbeing



Response and 21% of those when asked about their well-being reported less than "Good" (4% "Poor" and 17% "Fair") These numbers were consistent with only a third of those surveyed felt comfortable with their leadership and training support, with only 31.3% reporting having leadership development opportunities available to them within MCH/CYSHCN, 36.5% reporting their organization recognizes and supports leadership development for MCH/CYSHCN leaders and staff, 40.4% reporting they felt prepared to

take on the current and future leadership challenges ahead for the field of MCH, and only 35% having a professional development plan that supports their growth as a leader.

PH WINS respondents were asked to rate the day-to-day importance of and their own proficiency with 25-26 skill items, tailored for their supervisory level. Skills were collapsed into 10 strategic skill categories:
- Budget and Financial management
- Systems and Strategic Thinking
- Change Management
- Community Engagement
- Policy Engagement
- Cross-Sectoral Partnerships
- Justice, Equity, Diversity, and Inclusion
- Data-based Decision-Making
- Effective Communication
- Programmatic Expertise

The top four training areas needed were:
- Budget and Financial management
- Systems and Strategic Thinking
- Change Management
- Community Engagement

with over half the staff respondents reporting the a "high importance" and "low proficiency" in these areas for their day-to-day work.

PH Wins helps us see what our work-force looks like and what our needs are. Please take the below questions to stimulate conversation on what your workplace looks like and what your needs are.

What support do you/your colleagues need to build skills and capacity? ?

How are external factors (policies, tech-nology, changing healthcare landscape) impacting you and your work? What skills or supports do you need to meet these challenges?

Written by Lauren Garcia, CityMatCH & Michelle Tissue, HRSA

Graphics by HRSA PH Wins 2021

Meet the Cover Artist:

Jocelyn Hassel

Jocelyn Hassel is a creative collaborator from Queens, NY.

She exercises fundamental questioning of existing hegemonies through mixed media rooted in collage. Through aural and visual collaging, she admonishes bourgeois conventions of art as extensions of colonizer/colonized gazes. In reframing the ways in which bodies are (re)oriented and prescribed, she allows her collage works to contest and question her own sense of belonging as a woman in diaspora.

Inquiries/Contact: jocelynhassel@gmail.com

Written by Jocelyn Hassel
Art by Jocelyn Hassel

CityMatCH
University of Nebraska Medical Center
College of Public Health
984365 Nebraska Medical Center
Omaha, NE 68198

FB: CityMatCH
IG: CityMCH

CityMatCH Staff:
Chad Abresch, PI & Senior Advisor
Regan Johnson, Director of WH & Internal Development
Ashleigh Sutphen, Director of MCH Workforce & Operational Development
Lauren Garcia, Director of SRH & Academic Development
Carol Gilbert, Assistant Professor
Kali Ratigan, Public Health Project Coordinator
Caitlin Ray, Grants Writer and Administrative Coordinator
Janet Rogers, Office Administrator
Cynthia Rucker, Support Staff

CityLights Contributors:
CityLights Editor: Lauren Garcia
Writers:
Kali Ratigan
Erika Millender
Michelle Tissue
Chemyeeka Tumblin