

Sasakawa Nursing Fellow 2025 Progress Report

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April 12, 2026

Background

My journey is rooted in my experience as a midwife and an advocate for Sexual and Reproductive Health (SRH) in Japan. Through these experiences, I have become skeptical of how adolescent SRH issues are often framed strictly as individual responsibilities, while the structural and social determinants remain unaddressed, perpetuating adolescent vulnerability. I have come to believe that SRH is not merely a product of personal choice; it is shaped by complex interactions between individual behaviors, shifting social norms, and environmental factors. To address the upstream root causes of these disparities, the primary goal within my Master of Public Health (MPH) program in Maternal, Child, and Adolescent Health at UC Berkeley is to gain the skills necessary to systematically and theoretically elucidate these structural determinants.

My primary objective in this program has been to transition from a clinical perspective to a research-oriented one by achieving the following five Learning Objectives:

- Objective 1: Discuss problems facing Maternal, Child, and Adolescent Health (MCAH) populations with an evidence-based rationale.
- Objective 2: Identify and evaluate the relative contribution of individual and environmental factors associated with maternal and child health.
- Objective 3: Identify specific MCAH issues and evaluate the efficacy of policy-based solutions.
- Objective 4: Interpret results of epidemiologic studies and synthesize published literature to develop strong research questions that advance the field.
- Objective 5: Apply basic principles of quantitative research and epidemiology to address and solve MCAH problems.

This report summarizes my progress toward these goals through my coursework, practicum, and research in the Master of Public Health at UC Berkeley, 2024-2026.

Coursework

By integrating specialized epidemiological and biostatistical training at MCAH concentration with foundational public health knowledge, I have built a solid framework for approaching adolescent SRH issues from a multidisciplinary perspective.

PBHLTH 210E & 210F: Practicum in MCH Data Analysis I & II

These courses were essential for achieving Objective 5. In addition to gaining hands-on expertise in quantitative methods from data management to formal epidemiological analysis, I developed the ability to formulate my own original research questions. Furthermore, I gained and applied the comprehensive skills needed to develop a research plan, conduct the analysis, and synthesize the findings into a final Master's Capstone project.

PBHLTH 210: Foundations of MCH Policy, Practice, and Science

This course was essential in achieving Objectives 1 through 4. It prompted a key shift in my perspective: moving from a simple life stage approach to a "life course approach." Through this framework, I learned to identify critical periods (e.g., adolescence) when interventions are most effective. Additionally, I developed the skills to strategically choose the appropriate level of intervention—whether clinical, community, or policy level. Most importantly, the course taught

me how to frame complex public health issues in MCAH and apply structural interventions to address the root causes of disparities, rather than merely treating them as matters of individual responsibility.

PBHLTH 290: Abortion: Implications for Public Health

This course played a key role in achieving Objectives 2, 3, and 5. Abortion remains one of the most controversial issues globally; in Japan, significant barriers still exist, such as the requirement for spousal consent and deep-rooted social stigma. Through this course, I had the chance to analyze these challenges, focusing specifically on abortion and comparing the current situation in the United States with broader global trends. A major insight I gained was understanding how directly policy influences individual health outcomes. I developed a deeper understanding of the need to balance conflicting values and perspectives from diverse political, religious, and cultural backgrounds. More importantly, I learned the essential professional skill of navigating these complex power dynamics to identify and promote "optimal solutions" from a public health perspective. This experience solidified my ability to evaluate the structural factors affecting reproductive health, moving beyond theory to see them through a complex, real-world lens.

PBHLTH 210B: Adolescent Health

This course was eye-opening, directly addressing Objectives 2 and 5. Adolescence is a critical intervention point within the life course; for instance, it is characterized by the "paradox of adolescence"—the phenomenon in which individuals are at their biological peak of health yet experience a sharp rise in morbidity and mortality. I realized that conventional approaches often overemphasize adult-centric education or policy programs designed solely to mitigate "risky behaviors." However, this course cultivated a new, vital perspective: a focus on positive framing and the developmental needs of adolescents. I learned the importance of creating meaningful opportunities for youth engagement, shifting the paradigm from seeing adolescents as "problems to be managed" to viewing them as "opportunities for development." This shift from individual behavior to systemic, positive interactions has redefined my approach to adolescent SRH.

PH 220D: Health Policy Advocacy

This course was transformative in fulfilling Objectives 1 and 4. I learned that effective advocacy requires much more than simply delivering information; it demands a strategic approach. I developed the critical skills to identify key stakeholders, tailor messages for specific audiences, and utilize research evidence to influence policymakers and those in positions of power. By learning the theoretical pathways through which systemic inequities are "embodied" as health disparities, I am now equipped to translate complex data into impactful policy briefs and advocacy strategies. This course empowered me to bridge the gap between rigorous public health research and real-world legislative action.

PH 255A: Social Epidemiology

This course provided the most critical perspective of my MPH journey: the understanding that health is not merely a result of personal responsibility, but is fundamentally shaped by the societal context. I fulfilled Objectives 1 and 2 by studying how social hierarchies, systemic inequities, and structural determinants are "embodied" as population-level health disparities.

It offered the ultimate theoretical evidence that structural inequities—not just personal choices—dictate health outcomes. Through this course, I acquired the essential theoretical frameworks and analytical thinking necessary to approach health issues as social phenomena, empowering me to challenge the "individual responsibility" narrative with rigorous academic evidence

Through the comprehensive curriculum at UC Berkeley, I have successfully achieved my learning objectives. I have developed the quantitative skills to identify health disparities and the advocacy skills to propose structural solutions. By integrating these multidisciplinary perspectives, I have built a robust professional framework for approaching adolescent SRH issues in a truly holistic and systemic way.

Practicum and Research at UCSF

My practicum experience was conducted across two primary research teams within the University of California, San Francisco (UCSF), allowing me to engage in both large-scale network operations and intensive longitudinal data analysis.

Adolescent and Young Adult Health Research Network (AYAH-RN)

My involvement in the AYAH-RN provided a transformative experience in high-level, interdisciplinary collaboration between public health and other fields like computer science and psychology. I contributed to several key studies, including the THC Potency study, where I improved field operations through targeted recruitment, and the INSPIRE project, where I facilitated adolescent focus groups to test an AI-driven educational game. Additionally, as a LEAS (Leadership Education in Adolescent Health) Program Fellow, I attended the Society for Adolescent Health and Medicine conference and took part in a collaborative workshop where the infographics I created were used by the PI to present findings from the Teen and Parents Surveys of Health. These diverse projects taught me how to handle the complexities of multi-institutional research and effectively communicate research data for professional dissemination.

The 3E Study (Economic Educational Contributors to Emerging Adults' Oral and Cardiometabolic Health)

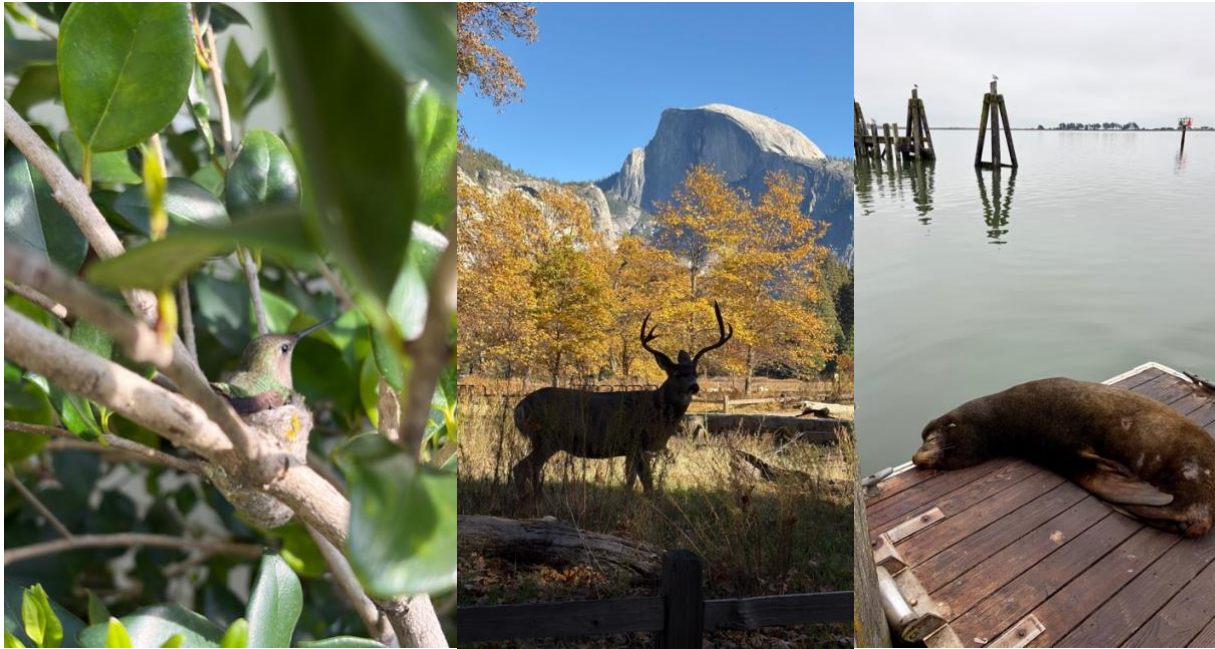
In the 3E Study, I applied my biostatistical foundations to real-world data. By managing and cleaning complex longitudinal datasets in Stata, I gained practical command over data integrity and learned to use statistical models to reveal the structural narratives behind health outcomes. While the study has yielded various publications, I went beyond supporting data analysis and was given the opportunity to serve as the lead author on a manuscript.

These hands-on experiences were instrumental in strengthening Objective 5, transforming my quantitative foundations into advanced research competencies and solidifying my ability to apply epidemiological principles to complex, real-world health issues.

Life in California

Living in California has offered a scale of nature and a societal dynamism vastly different from my experiences in Japan. The state's immense size and North-South orientation create a remarkable diversity of ecosystems—from the foggy Bay Area to the rugged Sierras—where the unique proximity to wild nature and wildlife was something I had never experienced before. Beyond this natural inspiration, the region's historical and cultural landscape, particularly the

spirit of innovation within Silicon Valley, influenced my values. Moreover, UC Berkeley's renowned liberal heritage immersed me in an environment where social justice and Diversity, Equity, and Inclusion (DEI) are not just academic concepts but lived values.



While my travels across ten diverse National Parks felt the awe-inspiring ecological diversity and grandeur of the United States, it was the Manzanar National Historic Site that left the deepest impression on my soul. Before this visit, my understanding of World War II was limited to what I had learned in high school history class.

Although my visit took place in the mild spring weather, driving through the preserved site and standing amid the reconstructed barracks made me reflect deeply on the harsh reality of this landscape. Situated at the eastern foot of Mt. Whitney, the area endures extreme seasonal shifts—from bitterly cold winters to oppressive summer heat. Thinking of the families who were suddenly forced to endure such unforgiving elements nearly 90 years ago, I was struck by an emotion that transcends words.





From a public health perspective, I was confronted with the reality of how state-sanctioned discrimination manifests as environmental health crises. The exhibits detailed the dire lack of sanitation and the dilemmas faced by healthcare providers, who were forced to manage births and medical emergencies in unhygienic conditions with severely limited resources.

Having grown up in Japan, my understanding of World War II was predominantly from the perspective of the Japanese mainland. Reading the exhibition and experiencing the environment of Manzanar was a jarring revelation; it forced me to acknowledge the harrowing reality faced by those living outside of Japan during the war—people who were physically and socially isolated in a desolate landscape. Reflecting on World War II from these multifaceted perspectives is essential—especially for those of us from Japan, where the structural nature of racism can be difficult to perceive—to truly learn from history and ensure it never repeats. Furthermore, the historical fact that Japanese people were targets of such systemic discrimination is deeply intertwined with the persistent racism that remains embedded in modern American society. Despite these lessons from the past, the current state of global affairs remains incredibly severe.

While changing the world alone may be daunting, I believe that the accumulation of research and advocacy can steadily improve our future. I often reflect on the words of my social epidemiology professor: "Modern problems are like a vast spiderweb; identifying a single thread may not lead to immediate, visible change. Yet, it is the accumulation of these findings that will eventually reveal the entire web and lead us to a fundamental solution." Holding these words close to my heart, I am determined to do what I can, one step at a time, toward a more equitable society.

Acknowledgement

I sincerely appreciate the Sasakawa Health Foundation for their generous scholarship, which has enabled me to gain valuable experience at UC Berkeley. Their ongoing support has provided me with a strong foundation to pursue my academic goals confidently. I want to express my heartfelt gratitude to the distinguished faculty, my practicum mentor, my supportive classmates and peers, and the inspiring learning environment at UC Berkeley.