

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

Avery Elloway

11/28/2022

Date

People, relationships, and the aspiration to make a difference:
a qualitative life history of Dr. Roger Rochat

By

Avery Elloway
MPH

Hubert Department of Global Health

Dabney P. Evans, PhD, MPH
Committee Chair

People, relationships, and the aspiration to make a difference:
a qualitative life history of Dr. Roger Rochat

By

Avery Elloway
Bachelor of Arts
University of California Santa Barbara
2012

Thesis Committee Chair: Dabney P. Evans, PhD, MPH

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2022

Abstract

People, relationships, and the aspiration to make a difference:
a qualitative life history of Dr. Roger Rochat
By Avery Elloway

Dr. Roger Rochat has worked tirelessly throughout his life in the field of sexual and reproductive health, focusing much of his efforts on safe abortion access and the education of future public health professionals. This project is intended to provide a narrative of Rochat's personal and career history while also adding insight into the history of research in sexual and reproductive health and abortion both in federal and state government organizations and within academia. To achieve this, in-depth interviews were conducted with Rochat and 15 key informants. Key informants were chosen based on characteristic of a close relationship with Rochat professionally or personally, namely his early life, family relationship, CDC, Emory University, and mentor relationships. Analysis highlighted themes in Rochat's life that reflected his personality characteristics, influences on his life, and his impact on individuals and in public health. Of influences on Rochat's life, themes included childhood upbringing, religion, education, mentors, politics, his role as a husband and father, and the effect of the work he was doing. Personality characteristics identified themes that included relationships, ethical kindness, and a commitment. Of Rochat's impact and legacy, themes comprised of his academic work, his impact within the field of sexual and reproductive health, his role as a mentor, and the establishment and effect of the Global Elimination of Maternal Mortality from Abortion (GEMMA) fund. From the three overarching themes found in analysis, some topics stood out as having particular significance in Rochat's life. These topics included the presence of education, his ability to connect with others, and his enduring desire to do more to serve.

People, relationships, and the aspiration to make a difference:
a qualitative life history of Dr. Roger Rochat

By

Avery Elloway
Bachelor of Arts
University of California Santa Barbara
2012

Thesis Committee Chair: Dabney P. Evans, PhD, MPH

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2022

Acknowledgements

I am so grateful to my advisor and committee chair, Dr. Dabney Evans, for envisioning this project from the beginning and having the *most* patience with me throughout this process. You have reminded me that I am capable and worthy, and helped me overcome many of my own mental obstacles. Your guidance has been such a gift.

To the key informants, I am honored that you shared a part of your lives with me. Roger has personally impacted so many of us, and I loved hearing your stories and reflections. This would not have been possible without you.

To Kyle, who has seen this whole project happen, thank you for your unending support, understanding of my idiosyncrasies, and for being as patient with me as Susan is with Roger. I look forward to holding your hand until we are 80 and beyond.

To my many friends, thank you for believing in me and constantly reminding me I can do hard things. To Emily, for hopping along on this wild journey with me. And to Ally, you extend your friendship in so many beautiful ways. I so appreciate your assistance with editing and your encouragement in this endeavor and so many others.

To my family, we may not live on the same coast, but you've made your love and support known in immeasurable ways. I promise that hitchhiking across country to see you is not one of my biggest takeaways from Roger's life. I'll fly. Thank you for believing in me from day one.

To Cappy and Sulu, who insisted on being involved throughout the entire process with meows and purrs. Thank you for keeping my lap warm, and participants entertained.

I would also like to thank myself for pursuing a complicated and unique project while also enrolled in PA school. It opened my mind to the ways we think of others and the way we hold space for ourselves. Analyzing another person's life has helped me reflect in many ways on my own. I appreciate that I've allowed myself to be present for this learning experience and accepting of my emotions throughout the process.

And lastly, to Roger, thank you for being an open book, a kind and loving mentor, and a genuine friend. On my first visit to Emory, I heard you speak with an inspiring passion and curiosity for your work. Four years later, I have learned more from you than I could have ever imagined on that day. Though you often acknowledge a certain set of lucky circumstances that brought you to where you are, you have taken every opportunity in this life to do what is right, kind, and just. This thesis shows a mere glimpse into a lifetime of incredible work and amazing stories. It is a blessing and a joy to count myself as one of your intellectual descendants.

Table of Contents

Ch I. Introduction.....	1
Ch II. Literature Review.....	3
<i>Introduction and Rationale</i>	<i>3</i>
<i>Methods</i>	<i>3</i>
<i>Results</i>	<i>4</i>
Table 1. Key Words focusing on Maternal and Child Health in Publications Authored by Roger Rochat, 1970-2021	5
Table 2. Key Words focusing on Sexual and Reproductive Health in Publications Authored by Roger Rochat, 1970-2021.....	6
Table 3. Key Words focusing on Abortion in Publications Authored by Roger Rochat, 1970-2021	7
Figure 1. Publications Authored by Roger Rochat by US State/Region, 1970-2021	8
Figure 2. Publications Authored by Roger Rochat by Country, 1970-2021	9
Table 4. Substantive Topic by Geographic Region in Publications Authored by Roger Rochat, 1970-2021	10
Table 5. Substantive and Geographic Region by Career Era in Publications Authored by Roger Rochat, 1970-2021	11
<i>Discussion</i>	<i>11</i>
Ch III. Methodology	14
Ch IV Results.....	18
<i>Introduction</i>	<i>18</i>
<i>Sample Characteristics</i>	<i>18</i>
Table 6. Key informant relationships to Roger Rochat	19
<i>Personality Attributes</i>	<i>19</i>
<i>Relationships</i>	<i>19</i>
<i>Ethical Kindness</i>	<i>21</i>
<i>Commitment.....</i>	<i>22</i>
<i>Influences</i>	<i>24</i>
<i>Humble Upbringing.....</i>	<i>24</i>
<i>Religion.....</i>	<i>26</i>
<i>Education.....</i>	<i>28</i>
<i>Work</i>	<i>31</i>
<i>Politics</i>	<i>34</i>
<i>Mentors and Influencers.....</i>	<i>36</i>
<i>Marriage and Fatherhood.....</i>	<i>39</i>
<i>Legacy</i>	<i>43</i>
<i>Public Health and SRH</i>	<i>43</i>
<i>Academics</i>	<i>45</i>
<i>Mentorship.....</i>	<i>48</i>
<i>GEMMA.....</i>	<i>50</i>

Ch V. Discussion and Conclusions.....	55
References	60
Appendix 1: Rochat Publications, Geography, Themes, and Keywords.....	61
Appendix 2: Codebook for Analysis of Interviews with Roger Rochat and Key Informants	86
Appendix 3: International Consultations and Travel of Roger Rochat	91

Ch I. Introduction

Dr. Roger Rochat has worked tirelessly throughout his life in the field of sexual and reproductive health, focusing much of his efforts on safe abortion access and the education of future public health professionals. Rochat was raised in a conservative Christian family in rural areas of Washington and Idaho [1]. From these humble beginnings he went on to earn a degree in medicine and become a leader in sexual and reproductive health research both domestically and internationally, holding positions at the Georgia Department of Public Health (GDPH), the United States (US) Centers for Disease Control and Prevention (CDC), and Emory University [1].

Rochat's experience in the field of family planning and reproductive health began at a unique point in US history before the legalization of abortion. He was an early part of expanding research in reproductive health at the CDC, eventually becoming the first director of the CDC's Division of Reproductive Health.

Following his time at CDC, Rochat spent six years at the GDPH researching maternal and child health problems, including maternal mortality in Georgia before finding a home in academia at the Rollins School of Public Health (RSPH) of Emory University in 2000. At RSPH, Rochat has been an integral part of the Hubert Department of Global Health. Rochat served as the department's first Director of Graduate Studies for 12 years and as Humphrey Fellowship Coordinator for 5 years. He has mentored countless students and also created opportunities for students interested in the field of sexual and reproductive health and abortion research.

These experiences give Rochat an exceptional perspective on how sexual and reproductive health is researched, talked about, and its evolution at the government and academic levels. Thus, the question arises of how a man of a small-town conservative background became

a dedicated advocate and passionate educator on the need for sexual and reproductive health and safe and accessible abortion.

Though Rochat has shared his life story in the past, many aspects of Dr. Rochat's life can be explored in more depth through others who have participated in his story. Past interviews with Rochat have sought only his personal experiences without examining the perspectives of those around him. The experiences and opinions of those who have played pivotal roles in his life may add context and significance to aspects of Rochat's life story that he is unaware of or unable to reflect on due to their proximity to his personal identity.

This project seeks to explore what Rochat has accomplished in his life, and also what people, experiences, values, and choices made him the person he is. It is intended to provide a narrative of Rochat's personal and career history while also adding insight into the history of research in sexual and reproductive health and abortion both in federal and state government organizations and within academia.

The aims of this project are to:

- Document Rochat's life and his professional contributions
- Understand how Rochat developed his life philosophy including how Rochat came to his outlook on and passion for safe abortion; and
- Identify themes in Rochat's biography that speak to how to educate future generations in compassion and ally ship for reproductive rights.

Ch II. Literature Review

Introduction and Rationale

Upon his retirement in 2022 at age 81, Rochat's contributions to the field of sexual and reproductive health and public health education are undeniable. Rochat's career has spanned six decades, during which time he has worked in positions at the US CDC, US Agency for International Development (USAID), Georgia Department of Public Health (GDPH), and Emory University. Between 1970-2021 Rochat published 188 scholarly works. These peer-reviewed published works serve as the basis for this review.

Methods

All published works listed in Rochat's curriculum vitae as of 2022 were entered into Microsoft Excel and arranged by date. Within this Excel database, titles were evaluated geographically and categorized by country and, if within the US, by state. Where it was unclear based on title where the research of the article was located, Rochat was consulted for clarification. Within the Excel file, titles were reviewed for key words and themes. Following this initial review, abstracts of 176 published works were obtained via PubMed, JSTOR and Google.

Abstracts were copy and pasted into individual Microsoft Word documents, then uploaded to MAXQDA2022. Abstracts were then coded in MAXQDA2022 using a mix of deductive and inductive coding. Deductive codes were "Abortion", "Maternal and Child Health", "Maternal Mortality", and "Family Planning." Where abstracts were not available via the data sources above, the title of the article was coded for deductive theme and discussed with Rochat to clarify the contents within that specific publication. Key themes of Maternal and Child Health (MCH), Sexual and Reproductive Health (SRH), and Abortion were then identified based on

most frequently identified codes, with more specific key words falling under these themes. While relating to one another, these three themes were treated as mutually exclusive. SRH was identified as separate from MCH by including topics identified outside of motherhood and childbearing, yet still relating to sexual and reproductive health. Abortion was separated into its own category apart from SRH due to the frequency of codes and the nature of Rochat's legacy with the Global Elimination of Maternal Mortality from Abortion (GEMMA) course and fund.

To better understand the chronology of research focus in Rochat's publications based on his career, four eras within Rochat's career were identified from his CV: Deputy Director of the Family Planning Evaluation(FPE) Division within the Bureau of Epidemiology at CDC (1974-1981), Director for CDC's Division of Reproductive Health (1981-1985), Medical Epidemiologist in the Office of Epidemiology at the Georgia Division of Public Health (1989-1997), and Research Professor in the Hubert Department of Global Health at Emory University (2002-2022). Publications were then categorized under these four established time periods based on theme and geographical focus to identify subjects Rochat was most involved in based on the era within his career.

Results

Substantive Focus

Within peer-reviewed publications Rochat's substantive focus includes a broad range of MCH and SRH related topics. Eighty-two papers focused on MCH, while 53 focused on SRH. Forty-two papers focused exclusively on abortion.

Rochat's publications concentrating on MCH covered a broad range of topics within the field (Table 1). While some publications focused on infants, neonates, and children, most key words found were concentrated on maternal health. Out of 88 identified key words from 83

publications, “maternal mortality” was found 26 times (19.6%). The second most identified key word was “epidemiology” (n=9, 10.2%), followed by “prenatal substance use” (n=7, 8.0%) and “child health” (n=7, 8.0%).

Table 1. Key Words focusing on Maternal and Child Health in Publications Authored by Roger Rochat, 1970-2021

MCH Key Words	n	%
Maternal Mortality	26	29.6%
Epidemiology	9	10.2%
Prenatal Substance Use	7	8.0%
Child Health	7	8.0%
Rural Obstetrics	6	6.8%
Prenatal Care	5	5.7%
Prenatal Infectious Disease	4	4.6%
Infant/Neonatal Mortality	4	4.6%
Domestic Violence	4	4.6%
Prenatal Risks	3	3.4%
Infant/Neonate	2	2.3%
Wanted/Unwanted Pregnancy	2	2.3%
American Indian/Alaska Native	1	1.1%
Advocacy	1	1.1%
Breastfeeding	1	1.1%
Birth Planning	1	1.1%
Delivery Method	1	1.1%
Fetal Death	1	1.1%
Maternal Risk	1	1.1%
Pregnancy Complications	1	1.1%
Suicide	1	1.1%
Total	88	100%

Among 53 publications identified as having an SRH focus, 76 key words were identified (Table 2). The most prevalent terms within these publications were “family planning” (n=17, 22.4%), “contraception” (n=14, 18.4%), and “sterilization” (n=10, 13.2%).

Table 2. Key Words focusing on Sexual and Reproductive Health in Publications Authored by Roger RoCHAT, 1970-2021

SRH Key Words	n	%
Family Planning	17	22.4%
Contraception	14	18.4%
Sterilization	10	13.2%
Fertility	6	7.9%
Screening	4	5.3%
Race	4	5.3%
Cervical Cancer	3	4.0%
Male Condom	3	4.0%
Barriers to Care	2	2.6%
Planned Parenthood	2	2.6%
Rural Health	2	2.6%
Teens	2	2.6%
Unintended Pregnancy	2	2.6%
Integrated Services	1	1.3%
Mental Health	1	1.3%
Program Planning	1	1.3%
Sexual Violence	1	1.3%
STIs	1	1.3%
Total	76	100%

Fifty-two key words were identified among 42 publications focusing on abortion (Table 3). As with MCH publications, “maternal mortality” ($n=8$, 15.4%) was found most in works on abortion. This was closely followed by “access” ($n=6$, 11.5%), “contraception” ($n=6$, 11.5%), “physician attitudes” ($n=5$, 9.6%), and “complications” ($n=5$, 9.6%).

Table 3. Key Words focusing on Abortion in Publications Authored by Roger Rochat, 1970-2021

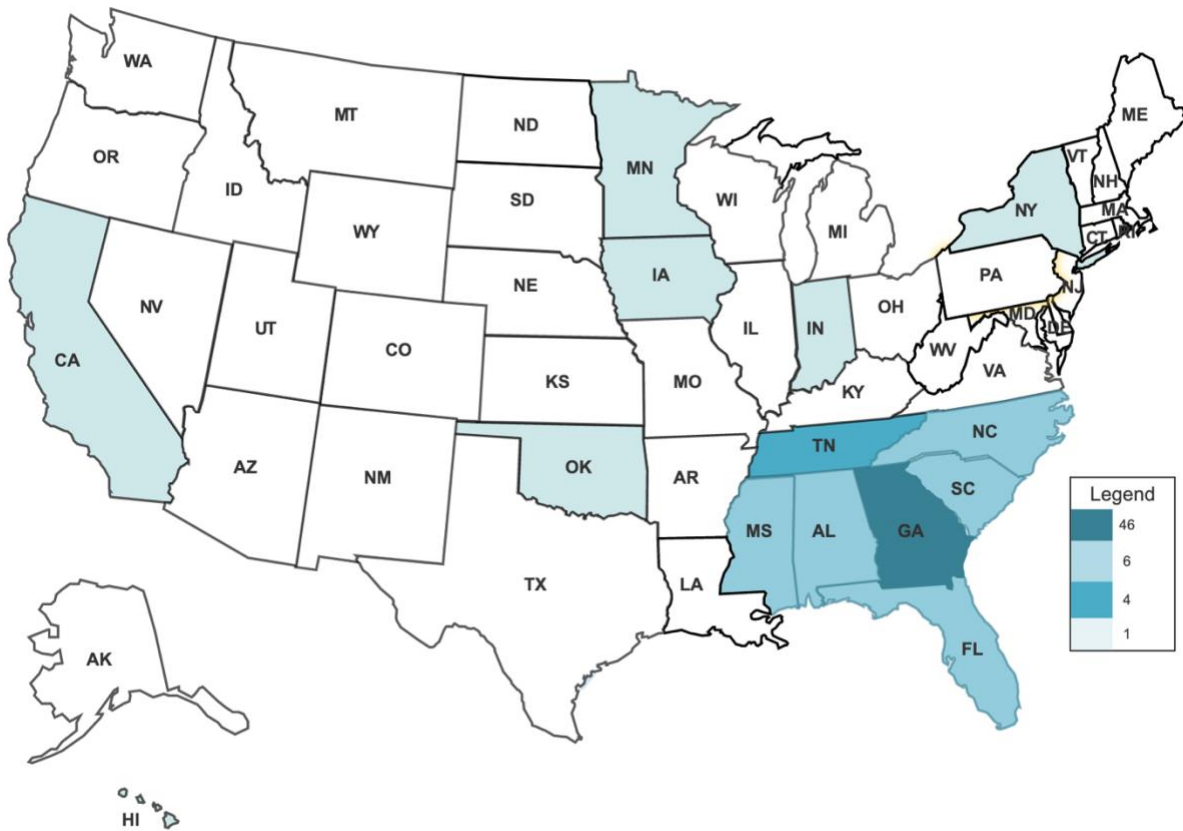
Abortion Key Words	n	%
Maternal Mortality	8	15.4%
Access	6	11.5%
Contraception	6	11.5%
Complications	5	9.6%
Physician attitudes	5	9.6%
Patient experience	4	7.7%
Restrictions	3	5.8%
Academics	2	3.9%
Illegal Abortion	2	3.9%
Religion	2	3.9%
Race	2	3.9%
Safe Abortion	2	3.9%
Advocacy	1	1.9%
Epidemiology	1	1.9%
Fertility	1	1.9%
Foreign aid	1	1.9%
Media Coverage	1	1.9%
Total:	52	100.00%

Geographic Focus

Of the 188 works analyzed, 112 (59.6%) involved data from the US alone, 67 (35.6%) from countries outside of the US (labeled “Global”), and 9 (4.8%) which spanned the US/Mexico border.

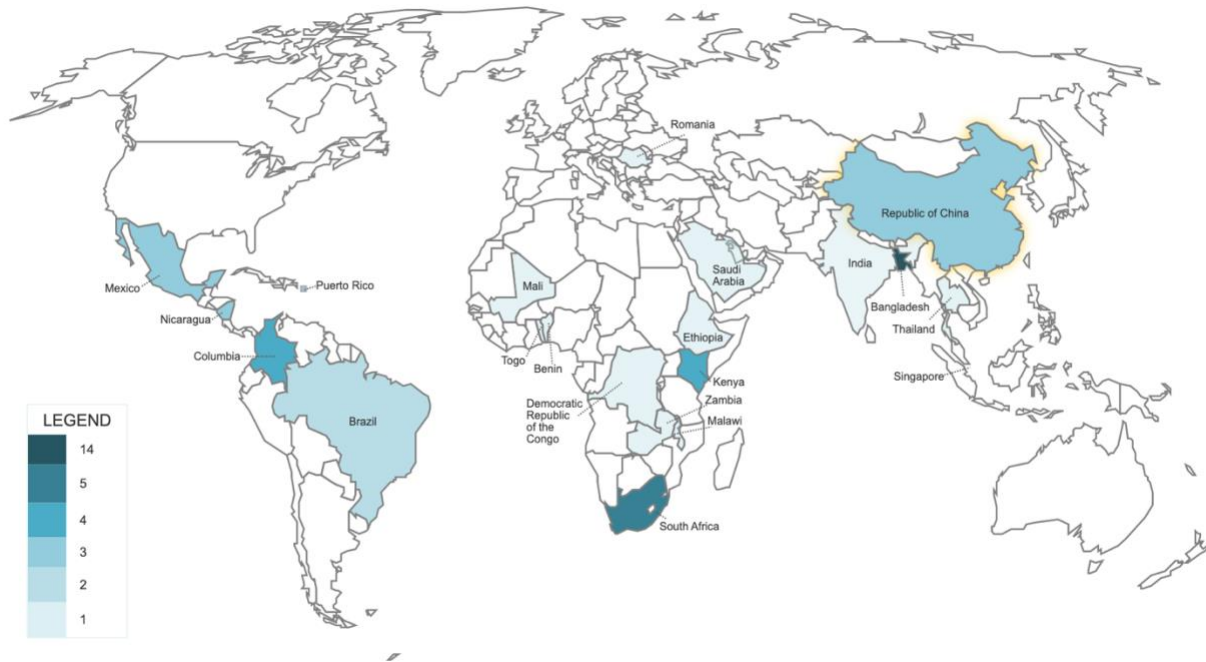
Among the US focused works, 46 (41.1%) were not specific to a single state or region. Forty-eight (42.9%) focused on the state of Georgia, and four on Tennessee (3.6%), while six (5.4%) combined more than one state in the southeast and specified the region being as located in the southeastern US. Works from California, Hawaii, Indiana, Iowa, Minnesota, New York, Oklahoma, and Washington DC were the focus of one publication each (Figure 1).

Figure 1. Publications Authored by Roger Rochat by US State/Region, 1970-2021



Among the works focused globally, 12 did not center on a specific country. Where a single country was the subject, Rochat’s authorship appeared most often on articles relating to Bangladesh, (n=14, 21.2%). Other countries included South Africa (n=5, 7.6%), Columbia (n=4, 6.1%), Kenya (n=4, 6.1%), Nicaragua (n=3, 4.6%), Puerto Rico (n=3, 4.6%), Singapore (n=3, 4.6%), Mexico (n=3, 4.6%), Brazil (n=2, 3.0%), China (n=2, 3.0%), Benin (n=1, 1.5%), Democratic Republic of the Congo (n=1, 1.5%), Ethiopia (n=1, 1.5%), India (n=1, 1.5%), Malawi (n=1, 1.5%), Mali (n=1, 1.5%), Romania (n=1, 1.5%), Saudi Arabia (n=1, 1.5%), Thailand (n=1, 1.5%), Togo (n=1, 1.5%), and Zambia (n=1, 1.5%) (Figure 2).

Figure 2. Publications Authored by Roger Rochat by Country, 1970-2021



Substantive Focus Relative to Geography

By geographic region, the focus of Rochat’s publications ranged across the three substantive topics (Table 4). Of all publications, the greatest number focused on MCH within the US (34.0%, n=64) followed by those focusing on SRH globally (13.3%, n= 25). Of publications focused within the US, those related to MCH were 57.1% followed by SRH (19.6%, n=22) and abortion (18.8%, n=21).

Publications focused were more focused on SRH (37.3%, n=25) than MCH (22.4%, n=15). Publications on abortion accounted for 31.3% (n=21) of publications focused globally. However, the most common focus among Rochat’s global publications was SRH (n=25, 25.3%). Abortion is a topic Rochat has published works on equally in the global and US context (n=21).

Table 4. Substantive Topic by Geographic Region in Publications Authored by Roger Rochat, 1970-2021

	US			Global			US/ Mexico Border			Total	
	n	US %	Total %	n	Global %	Total %	n	US/M %	Total %	n	%
MCH	64	57.1%	34.0%	15	22.4%	8.0%	3	33.3%	1.6%	82	43.5%
SRH	22	19.6%	11.7%	25	37.3%	13.3%	5	55.6%	2.7%	53	28.2%
Abortion	21	18.8%	11.2%	21	31.3%	11.2%	0	0.00%	0.00%	42	22.3%
Other	5	4.5%	2.7%	6	9.0%	3.2%	1	11.1%		11	6.0%
Total	122		59.6%	67		35.6%	9		4.5%	188	100.0%

Career Eras

Rochat’s four career eras were compared with his publications based on substantive focus and geographical focus. One year was added to each career era to account for publication delays. These career eras included his time as Deputy Director of the Family Planning Evaluation Division of the Bureau of Epidemiology at CDC (1974-1981), Director of CDC’s Division of Reproductive Health (1982-1986), MCH Epidemiologist in the Office of Epidemiology at the Georgia Department of Public Health (GDPH) (1989-1996), and professor at Emory University Rollins School of Public Health (RSPH) (2000-2021). While Rochat remained a professor at RSPH until 2022, the published works analyzed were through 2021.

From his work as Deputy Director of Family Planning, Rochat published 37 works, the highest percentage of these in SRH (46.0%, n=17) and abortion (37.8%, n=14). At this time, his work was mostly focused in the US with 67.6% (n=25) of publications, with 27.0% (n=10) focused globally.

As Director of CDC’s Division of Reproductive Health, Rochat’s works were more evenly distributed across topics. Of the 30 works identified during this time, 40.0% (n=12) focused on MCH and 40.0% (n=12) focused on SRH. Geographically, 46.7% (n=14) were centered in the US, 36.7% (n=11) globally, and 16.7% (n=5) along the US/Mexico border.

At the GDPH as an MCH Epidemiologist, Rochat’s works focused mostly on MCH in the US. During this time 85.2% (n=23) of the 27 publications were focused on MCH, and 92.6% (n=25) were centered in the US.

As an Emory professor at RSPH, Rochat’s publication focuses have been broad. Most publications during this time focused on MCH (41.3%, n=31), followed by abortion (28.0%, n=21), and SRH (21.3%, n=16). Geographic focus was almost equal, with 49.3% (n=37) of publications focused globally and 48.0% (n=36) concentrated in the US.

Table 5. Substantive and Geographic Region by Career Era in Publications Authored by Roger Rochat, 1970-2021

	Deputy Director, Family Planning Evaluation Division, Bureau of Epidemiology			Director for Division of Reproductive Health			MCH Epidemiologist, Office of Epidemiology, Georgia Department of Public Health			Emory Rollins School of Public Health Professor		
	n	%	% Total	n	%	% Total	n	%	% Total	n	%	% Total
MCH	6	16.2%	3.2%	12	40.0%	6.4%	23	85.2%	12.2%	31	41.3%	16.5%
SRH	17	46.0%	9.0%	12	40.0%	6.4%	2	7.4%	1.1%	16	21.3%	8.5%
Abortion	14	37.8%	7.5%	4	13.3%	2.1%	1	3.7%	0.5%	21	28.0%	11.2%
Other	0			2	6.7%	1.1%	1	3.7%	0.5%	7	9.3%	3.8%
USA	25	67.6%	13.3%	14	46.7%	7.5%	25	92.6%	13.3%	36	48.0%	19.2%
Global	10	27.3%	5.3%	11	36.7%	5.9%	2	7.4%	1.1%	37	49.3%	14.4%
US/Mex Border	2	5.4%	1.1%	5	16.7%	2.7%	0	0.0%	0.0%	2	2.7%	1.1%
Total Publications by Career Era	37		19.7%	30		16.0%	27		14.4%	75		39.9%

Discussion

Career Context

Contextualizing Rochat’s publication history within his career is necessary for understanding both the substantive and geographic focuses of his publication history. Rochat has spent most of his professional life in the field of reproductive health as it relates to women.

Therefore, the resulting 177 out of 188 publications relating to either MCH, SRH, or abortion is expected.

It follows that the research Rochat was involved in within his professional position would be reflected in themes of his publications from each career era. The most apparent of these ties is from Rochat's work as an MCH epidemiologist at the GDPH. There is an expected pattern of publications focusing mostly on MCH topics as well as being centered in the US. Further, 42.86% of Rochat's works within the US were pertaining to research in Georgia. If one were to further explore the geographic focus of this career era, the position at GDPH likely contributed significantly to this number.

There is also an increase in publications with a global focus while Rochat worked within the Hubert Department of Global Health at RSPH. During previous career eras publications were consistently more US focused, but once at RSPH Rochat's publications balance almost equally across the US and globally.

When examining the context of Rochat's published works relating to abortion, we see an overall higher amount during his time as Deputy Director of the Family Planning Evaluation Division at CDC (1974-1981). Historical context of the passing of *Roe v. Wade* in 1973 leading to the legalization of abortion in the US should be considered; as a CDC employee working in family planning, the public health context of abortion had an influence on Rochat's work at the time.

As Director of CDC's Division of Reproductive Health, Rochat's publications saw a drop in those related to abortion. During this time, there was a heightened political atmosphere surrounding abortion work within the CDC. In a 2000 interview, Rochat commented that his deputy director, Ward Cates, who had worked extensively in abortion research for CDC was

reassigned to another division outside of reproductive health after commenting publicly on the safety of abortion [2]. In a personal interview, Dr. Carl Tyler—Rochat's predecessor, stated that while Cates continued to work in abortion research, his exit was likely part of a reduction in abortion research in the Division of Reproductive Health at the time [3].

Co-authorship

Rochat has had numerous co-authors throughout his publication history. Investigation into co-authorship of publications gives insight into how Rochat's relationships with co-authors shaped his publication history. Speaking of his early work in family planning evaluation, Rochat emphasized the greater impact a publication may have based on co-authors. Co-authors, Rochat states, can add credibility and advocates for the publication within circles who may previously been unaware of the data being presented [2].

As Rochat moved into a more senior role within CDC, acting as a principal investigator may have affected geographic focuses of his publications. Rochat stated that many of CDC studies were based on where Epidemic Intelligence Service (EIS) officers were assigned. For example, in the early 1970s Rochat's studies were centered in Georgia due to his EIS assignment in Georgia. Later, he co-authored publications based in Tennessee and the southeast in the early 1980s because an EIS officer was assigned and collecting data in the region [2]

Key Words

Contraception and family planning were identified as key words with high frequency throughout Rochat's publications. While separated as key words for the sense of clarity, contraception could be considered a subcategory of family planning. Many of Rochat's publications while at CDC as Deputy Director of FPE and later as Director of the Division of Reproductive Health were focused on SRH. Further analysis of the time periods of publications

focusing on contraception and family planning would likely reveal a high number of these within these two career eras due to the nature of Rochat's work at CDC.

Of all key words, maternal mortality was identified most frequently. The term was seen in both the substantive themes of MCH and abortion. This history of extensive work in the field of maternal mortality provided Rochat with an understanding of both the deficits within aspect of public health research, as well as the deficits within public health education. As he began his time as a RSPH professor, Rochat noted this lack within student research and education at Emory. He then focused his efforts on establishing a way for interested students to be more active in research pertaining to abortion and maternal mortality by creating the GEMMA fund in 2004 [4].

Conclusions

Rochat's wealth of knowledge and passion for sexual and reproductive health, maternal health, and abortion care comes from a broad history of work and leadership within multiple public health organizations. This long career resulting in nearly 200 scholarly works has contributed to research in maternal mortality, family planning and contraception, and many other areas.

Ch III. Methodology

Introduction

This project is a life course qualitative study of Rochat. It is designed to elucidate key characteristics and themes in his life and relationships that define his personhood, choices, and life's work in the field of sexual and reproductive health and abortion. To examine Rochat's life, influences, and legacy, a set of in-depth qualitative interviews were performed with Rochat and those with unique perspective at various times in his life and career.

Design

A set of eight interview guides were designed for an initial series of seven in-depth interviews with Rochat. Interview guides were structured based on six areas of expected significance: 1) childhood through adolescence and high school, 2) college and medical school, 3) his relationships with his wife and children, 4) his time at the CDC, 5) his time at Emory University, and 6) the GEMMA fund. These interviews were conducted using the aforementioned interview guides to elicit significant experiences and thoughtful reflection on those experiences.

Interviews with other participants were conducted using a semi-structured interview guides tailored to the respondent's relationship with Rochat and/or the phase of life during which they interacted most. In addition to respondent-specific questions, each key informant were asked about key influences on Rochat, and his impact on others and in public health.

Sample

Following initial interviews with Rochat, interviews were conducted with fifteen (N=15) key informants. Key informants were selected using criterion sampling to obtain an information-rich narrative of Rochat's life at different stages [5]. Informants were chosen based on the characteristic of a close relationship with Rochat professionally or personally, namely his early life, family relationship, CDC, Emory University, and mentor relationships.

A list of individuals was provided by Rochat including names and connection to him; participants recommended other potential interviewees as well. This list was narrowed down based on relationship of the individuals to Rochat and the context they could provide to multiple aspects of his life. Participants were then recruited via email with contact information provided by Rochat.

Procedures

Interviews with Rochat were completed first, then transcribed using Happyscribe and analyzed using MAXQDA2022 to inform interview guides to be used in subsequent key informant interviews. Key informant interviews were then conducted, transcribed and analyzed in MAXQDA2022.

In-depth interviews with Rochat took place in the June and July of 2020 and were organized by topic according to various areas of his life. Interviews took place on Zoom and lasted between 60-90 minutes.

In-depth interviews with key informants lasted between 30-60 minutes and were conducted via Zoom with the exception of one interview. In this case, the participant was unable to continue with the Zoom interview and substituted follow up questions via email response. This email was included at the end of the interview transcript as a continuation of the interview for analysis.

All interviews were recorded on Zoom, transcribed via HappyScribe, then quality checked. All data were stored on a password-protected device.

Analysis

Data were analyzed in MAXQDA 2022 using a mixture of narrative analysis and grounded theory. Narrative analysis in the context of life histories and personal narratives explores transformative moments in individual lives establishing core narratives and evaluating their significance. [6] Grounded theory uses a cyclical process of collecting data, forming theories, and returning to data collection. [7]

For this analysis, a mix of deductive and inductive coding was used to address themes arising from the transcripts. Interviews with Rochat were analyzed first, establishing core

narratives via inductive coding. From these initial codes, themes were derived based on Rochat's influences, personality characteristics, and impact overall.

These themes were then used to form semi-structured interviews with key informants. Interviews with all participants were then analyzed in aggregate utilizing the initial themes as deductive codes. From these deductive codes arose the themes "Personality," "Influence," and "Legacy." Inductive codes were then elicited from the data and grouped into these themes.

In an iterative process, these inductive codes were then used to create a finalized working codebook with standardized definitions. The transcripts were then re-read and re-coded based on this codebook to establish strong core narratives that defined significant elements of Rochat's life story.

Ethical Considerations

The Emory University Institutional Review Board deemed this work exempt from review on the basis of its nature as a part of public health practice. Nevertheless, verbal consent was obtained from participants at the beginning of each interview for the recording of the interview. Participants were aware their participation was voluntary, consent could be withdrawn at any time, and that they could request certain aspects of the interview be redacted. Permission was obtained to identify participants when required for narrative purposes. When applicable, participants were made aware of the context in which they were being identified and provided with the segment of the text, at which point they could provide corrections or refuse to be identified. Rochat and key informants were aware that these recordings were for the purposes of a Master of Public Health thesis about Rochat with the additional potential for the information provided to be used to inform a biographical work at a later date.

Ch IV Results

Introduction

The results presented here include major themes that address the original aims of the study. Major themes identified were influences on Rochat's life and choices, personality characteristics, and the legacy Rochat has built. Within these major themes, key topics were identified. Of influences on Rochat's life, the subcategories included childhood upbringing, religion, education, mentors, politics, his relationship with his wife, and the effect of the work he was doing. Within the major theme of personality characteristics, the subcategories included relationships, ethical kindness, and commitment. Subcategories within the theme of Rochat's legacy included his academic legacy, his legacy within the field of sexual and reproductive health, his role as a mentor, and GEMMA.

Sample Characteristics

Participants recruited had unique relationships with Rochat at influential points in his life. Four participants were family members, with in-depth knowledge of early family dynamics and upbringing as well as life-long observation of who Rochat has become. Two participants were early friendships from young adulthood and beyond, with insight into Rochat's academic and initial career development. Four participants were colleagues who acted both as mentors and friends to Rochat at varying points in his career. Three participants began their relationships in a mentee capacity with Rochat serving as a professor or supervisor, then becoming friends and colleagues. One participant was identified as a colleague and friend, and one participant identified as a mentee and later friend who was not a colleague. Importantly, this sample included participants who have played key roles in Rochat's life in childhood, home life, academics, his time at CDC, and his time at RSPH.

Table 6. Key informant relationships to Roger Rochat

Participant	Relationship	Relationship Duration
1	Family	57 years
2	Family	45 years
3	Family	80 years
4	Family	78 years
5	Friend	67 years
6	Friend	60 years
7	Mentor, Colleague, Friend	54 years
8	Mentor, Colleague, Friend	54 years
9	Mentor, Colleague, Friend	53 years
10	Mentor, Colleague, Friend	51 years
11	Mentee, Colleague, Friend	43 years
12	Mentee, Colleague, Friend	43 years
13	Mentee, Colleague, Friend	14 years
14	Colleague, Friend	14 years
15	Mentee, Friend	15 years

Personality Attributes

In examining the development of Rochat's identity and life philosophy, the roles of his environment versus characteristics of his personality were explored. While participants spoke of influential events in Rochat's life, many aspects of Rochat's work and interactions were not attributed to specific life events or influential experiences. Rather, these were noted as character traits. Of these, three themes arose most frequently: Rochat's relationships, his ethical and moral sense, and his commitment.

Relationships

A common thread throughout interviews was Rochat's concerted effort to form and maintain relationships with others. Across all participants, Rochat was noted as having a unique ability to connect with people, creating individualized bonds. *"He's just an incredible connector and he builds a community,"* one participant observed.

This outreach and formation of relationships pre-dates Rochat's entrance into the world of public health. As a young man Rochat easily made and kept connections. Rochat and participants who knew him in his formative years reported that despite keeping busy with school and work, he made friends easily. One participant recounted a medical school road trip during which Rochat had hosts at each of the stopping points on the journey, *"And he seemed to have relatives or friends every three or four hundred miles, and he would just call them up and say, 'we're coming.' Including my folks. So, my name for him at that time, maybe he told you, was 'Roger the Lodger.' He would make his own lodging by just calling up people that, in those days expect you to stay with them."*

As Rochat progressed further into his career, he and his family in turn came to host countless students and professionals. Participants noted their experiences of Rochat welcoming them into his home, and how they saw him do the same for others. The relationships Rochat has formed often transcend the professional environment in which they may have begun. One participant who worked with Rochat recalled how he fostered close working connections:

Even though we were very good friends with everybody at work, we went out to dinners, we had meetings all the time, we talked. It's fine. But that was much more business and professional relationships. With Roger it's different... He looks at more the personal relationship before he looks at the professional. I think you know that if you deal with him. He cares about you as much as he cares about your work. Maybe even more. He wants to make sure you succeed, and he wants to know you and know how you're doing and make sure you're okay and all those things. (~Participant 12)

Building connections with others created a vast network of friends and associates Rochat has maintained and utilized in his role as an Emory professor and mentor. One participant

affirmed, *“The thing about Roger is he has so many contacts. I mean, it's like he knows everybody.”* Another participant recounted their experience working with him, *“... when we would come to different challenges, like different obstacles in the analysis, he was, he's always just so positive and like, ‘we'll figure it out.’ And he just picks up the phone and calls someone who might have an answer.”*

Rochat himself expressed the significance of connecting with others. When asked about his favorite part of his job as an Emory professor he emphasized the relationships he's built with students and faculty and small daily interactions as part of a bigger picture.

Ethical Kindness

Participants routinely spoke of Rochat's kindness and compassion for others. While a person's ethical and moral sense is in many ways shaped by their upbringing and experiences, contributors noted that there is something innately caring about Rochat. As one interviewee put it, *“I think it's his nature. He is a very caring individual. It's human nature. Some people care a lot, and some people are selfish, and he is very selfless... It's just his nature, I think. Susan does help, but that's not the driving force. I think it's genetic.”*

Multiple participants spoke of Rochat's compassion in relation to his role in the field of abortion research. One participant stated:

I think one of the things about Roger is he's not only very serious, and a hard worker, but it's clear early on that he has a real moral compass. And so when you get someone with a knowledge, moral compass working on a problem as difficult as abortion, that makes a difference. (~Participant 15)

Participants who had known Rochat the longest spoke of this field as his mission, referring back to his early desires to become medical missionary.

Rochat also expressed how empathy and compassion are significant in how he approaches his life and career choices. When asked what he felt drew him to the abortion access over other topics within sexual and reproductive health, Rochat's answer was "kindness" and recognition of the difficult lives and choices of others.

A sense of justice, a sense of fairness, a sense of empathy and kindness. Kindness, I think, is really important towards others who have problems. I can't and could not, because of my chromosomes, ever walk in the lives of those who have had unwanted pregnancies...The shame this placed on women both for sexual behavior as well as for ending abortions. It's a mix of lots of things. It's health, and justice, dignity. I mean, those, those kinds of terms are really important. (~Rochat)

Commitment

While Rochat's sense of justice and empathy may have drawn him to the cause of reproductive rights, another key personality feature that arose in interviews was his perseverance and dedication. This aspect of Rochat's personality was made evident in multiple aspects of his life.

Of his early pursuit of a career in public health, Rochat and a former colleague spoke of many months writing letters to the head of EIS, Dr. Lyle Conrad. This persistence eventually led to Rochat's placement as an EIS officer, jumpstarting his career at the CDC.

Another participant cited Rochat's overall commitment toward the public health goal of researching and implementing changes to help at the population level rather than pursuing clinical medicine and impacting individuals:

It takes more in many ways, a much more concerted intellectual perspective and dedication to do the kinds of things that don't get you rewarded. Most doctors think

they're going to be either with money or with patient adulations. I think that's part of it. That, and he wouldn't... There must have been something in him that he sort of knew this as he got started in that [public health] and had enough of that big picture perspective that he didn't need what most of us [physicians] seem to need in terms of actual day to day clinical satisfaction. (~Participant 6)

While Rochat spoke of his internship in clinical medicine with fondness, the only further clinical training he chose to pursue was in order to better understand his chosen field of public health research. *“I remember being asked if I wanted training in OBGYN and I said ‘No, but I want to learn to do first trimester abortions. If we're going to be engaged in abortion surveillance work, I want to know what I'm talking about.’”*

The most frequent description of Rochat's commitment and dedication was to the field of sexual and reproductive health. Multiple participants noted his devotion to his role in abortion research despite the effects it may have had on his career and relationships. Both Rochat and four other participants referred to his commitment to CDC and family planning when asked to choose between the faith he was raised in or his mission in the field of reproductive health research.

Participants also spoke of his persistence in abortion research within public health sometimes having a negative effect on his career both at CDC and the GDPH. In one example, Rochat recounted his investigation into an abortion death without the direction of the state epidemiologist. *“Ultimately I was given three days to pack up the health department and leave.”*

While this persistence in abortion research may have been detrimental to his career, interviewees also cited this devotion to public health education and ensuring generations of students will carry on research in the area.

He is so dedicated. It's his life's [work]. GEMMA is his opus. And, you know, he is a somewhat frugal person in his own life, but that means that he puts more money into GEMMA. I mean, he is the biggest donor to GEMMA, I would say. And I think that just speaks to his passion for it, right? This is the opus that he has built that he wants to leave to benefit so many generations of researchers, which I think is just amazing and inspiring. (~Participant 15)

Influences

Humble Upbringing

Of those participants who knew of Rochat's formative years, some key characteristics of his childhood stood out. The Rochats were a tight family unit. Most of the time spent was together working, studying the Bible, or in educational pursuits. Of his childhood, Rochat observed, *"It was a fairly strict upbringing, but at the same time, I never questioned my parents' love for us as children."*

From Rochat and his sisters, poverty played a large role in childhood. When Rochat was a young boy the family lived on a small farm in Hayford, Washington. The siblings remembered games played together and household tasks, but Rochat's sister recalled of this time, *"It was survival."*

Rochat remembered an early enterprising nature, his first quarter earned piling hay for a neighbor at five years old and then his own businesses on the farm:

What I remember most about early life was probably the work, the discipline, and saving money... I raised rabbits. I grew potatoes. My dad would take these and sell them to his co-workers... I had, I think, about 150 rabbits. So it was in a way, it was a big business. My mother made our mittens out of rabbit skins. It was an isolated life in many ways. I

did not know neighbors. I did not have friends at school. (~Rochat)

The family's financial situation improved as they moved from the sparsely populated Hayford, Washington to Wallace, Idaho and then later Kennewick, Washington. Rochat's father gained better employment, completing a Master's degree and working as a school principal. However, the Rochat family would continue to value hard work. Rochat was never without employment in his youth, shoveling snow, peddling papers with his older sister, working in a library, then working part-time as a hospital orderly during high school. As his sister stated, *"We had to save money, all along throughout our life."*

Despite their own scarcity of resources, Rochat's family did not hesitate to assist those in need. Rochat spoke of his family taking in foster children when he was young and again later when he had left for college. Of these early experiences with foster children, Rochat recounts realizing later *"how traumatized those kids were."* This realization, Rochat states, is *"one small piece of my passion for family planning."* From these children's experiences, Rochat also noted the fortune of his own circumstances, despite financial strain early in his life. *"It's true that through a lot of diligence and hard work, I've gone from being poor to being well-off, but it's also true that it's very hard for many poor people to do that. And if I hadn't been gifted in many ways and had good parents, it might well not have happened for me."*

The need to work for survival early in life bore in Rochat a long-standing work ethic. One participant observed, *"He would say [his work ethic] was out of a lot out of poverty and the need to do something and get out... it's pretty clear to me that he wanted and needed to get out of the infrastructure he was in; that there was a need to escape..."* This work ethic applied in school would lead to a full scholarship to University of Rochester, opening a multitude of new opportunities for Rochat.

Religion

Many participants spoke of the role religion and faith played throughout Rochat's life. Christian faith was an early influence, however, as Rochat developed a more personal belief system, the role of spirituality became more complicated.

Rochat and his sisters described spiritual life as fiercely important to their parents. Both raised in the Plymouth Brethren Church, Rochat's parents brought their children up with similar faith. Each day the family would read together from the Bible in the morning and at night. Rather than attending a weekly service, once a month the family would travel to "meeting" where they worshipped with others of the same faith. Rochat's sister described these gatherings:

Meeting was a place where you worship the Lord. There wasn't any name, so it didn't say "Baptist Church" on it...And it didn't say "meeting." We just used that term because it was easier. Church. There's one true Church. Every true believer in the Lord Jesus Christ is a member of that, of the body of Christ and the Church. (~Dorothy Weeks)

Rochat's wife, raised in a more conventional Christian environment, began attending with Rochat. She explained the group was unlike the churches she was raised attending, but held the similar values:

They don't have a pastor, they don't have a choir, they don't have a piano. It's all very by the spirit. But there's no yelling and shouting. It's not charismatic. I thought it was very different. But they were obviously very loving to each other, very kind to anyone who is in need. (~Susan Rochat)

After leaving home, Rochat maintained his connection with the Plymouth Brethren. He and his wife and children continued to attend meeting into his career at CDC until his work in abortion research clashed with beliefs held by those in the group. This forced him to make a

decision that would continue to influence him for years to come.

In essence, I was invited to the Fernbank Science Center to give a talk on abortion and public health perspective to clergy and educators. And it was well received. And they chose to then advertise it to the public and some members of my group came and called a special meeting and said I should either quit my job at CDC or quit the group. It was [an]interesting discussion because I said even if I stop talking on the issue, my heart wouldn't change in terms of my beliefs and my values. In any case, I quit the group.

(~Rochat)

The rejection of and by his former faith stayed with Rochat and would continue to affect his relationships with his extended family for many years. For example, Rochat recalled a niece's wedding during which some attendees refused to eat with him; *"Being excommunicated has consequences in a small... church group, religious group, whatever sort."*

Later, at the behest of his wife to find another church the family could attend, Rochat searched for a place of worship more accepting of his work and principles. *"I made it clear subsequently to some that if abortion [was] ever condemned in this church, I'm out, gone and won't return. It's prudent to know that too, because I would. I would just get up and leave."*

In an exploration of how Christian religion could coexist with the concept of elective abortion, Rochat wrote an article for the Christian Medical Society (CMS) titled "Abortion, the Bible, and the Christian Physician." The article went through rigorous reviewing, both by the CMS as well as within CDC. Free reprints were offered by the CDC. However, Rochat noted, the CMS received pushback, with some people dropping membership due to the article. Rochat eventually became less involved in the organization as his views shifted. *"I respected and valued the people there. But again, we came at cross purposes, on reproductive health issues. And I*

would say on values in some ways, too, because I've never been a person interested in proselytizing or evangelizing the world or anybody."

Many participants spoke of the role of religion and spirituality in Rochat's current life as less adherent to one understanding of a higher power. One participant described, *"I would call it more a strong faith, but not a specific religion in the dogma of specific religion."*

The effects of negative experiences with religion stayed with Rochat. Though he noted appreciating some principles he was raised with, he also stated a distaste for the doctrine that comes with many religions. *"Those values are...certainly they've never left me. But I had this wrong, gut level, negative reaction to male dominated religions. And that's most of them."*

Education

Multiple participants brought up the significance of Rochat's education and the experiences surrounding education. Rochat's parents always expected their children to seek higher education. Rochat and his sister spoke of their father bringing home stamps for a *"wartime bond stamp book"* to go towards their future education. *"Even at that stage in our life, we were college bound."*

Though Rochat worked for his own money, recalling buying his own clothing and extras beginning in seventh grade, he does recall receiving an allowance that mostly went towards this fund. He recalled, *"During our early lives, I think we got something like a dollar a week allowance, almost all of which always went into wartime savings bond stamps, which were 10 cents each."*

This familial expectation was compounded by Rochat assisting his father in completing a master's degree. *"In the eighth grade, I spent a summer with my dad when he was getting his master's degree in education. And I learned to type by typing drafts of his master's thesis."* Per

Rochat's sister, their father described his son's involvement as a joint effort, the two of them completing the master's thesis together.

Participants who knew him from his youth noted Rochat was bright from an early age. While he began his studies in a "one room schoolhouse" reading at a higher level than expected, thrived when moved to a larger school. Rochat would become the class valedictorian of his high school and receive a full scholarship to the University of Rochester where he would earn a Bachelor of Arts in Chemistry. First recognized as a finalist for a Bausch and Lomb scholarship to the University of Rochester for \$1500 per semester, the university instead supported Rochat with a General Motors scholarship for \$2000 per semester. This scholarship was able to cover tuition, room, and while the previous scholarship would not have. However, Rochat's travel expenses from New York to Washington were not covered by scholarship funds, leading to numerous hitchhiking experiences in his young adulthood. Though he was a talented student, Rochat acknowledges the role of this financial support as life changing: *"I really am so grateful for the scholarship. If someone else hadn't provided that kind of funding support, my life would not have happened at all the way it did."*

Moving to New York to attend the University of Rochester was a big change for Rochat. Participants observed that his experience was highly influential; *"seeing that the world could be different"* outside of his highly conservative family had a profound effect. Rochat described his experience:

I think... just like being able to work when I was in high school and younger ages took me out of the home and out of one strict environment, if you will, in an acceptable way, going to college was the same thing. I could go on and get an education. No one felt I was

doing anything bad. But in fact, my life was changing. My mind, my heart, my interest were moving on in a very liberating way. (~Rochat)

A common point amongst other participants was that college exposed an already kind, bright, and friendly young man to a multitude of other individuals with unique backgrounds and interests.

While Rochat was studying at the University of Rochester, he chose to seek out an international educational opportunity. However, at the time the University of Rochester did not have networks in place for studying abroad. Undeterred, Rochat sought out an opportunity to study in Munich, Germany under the auspices of Wayne State University's Junior Year in Munich. As it was the first major trip outside of the US, Rochat noted this experience as one of the most influential of his young adulthood:

I guess my biggest takeaway... I don't know, maybe just the fact that I could do it, that it was possible to go somewhere and live in a different language, a different culture and succeed and be happy. I think the incredible diversity within Europe...It was just a crazy, wonderful adventure...A lot of new things. A lot of new things that I enjoyed that have been helpful to me later in life. (~Rochat)

Participants observed how significant this year abroad was to the development of his worldview. While he would go on to earn his medical degree at University of Washington, Rochat credited the opportunities the University of Rochester provided as more significant overall due to the contrast from his upbringing.

Medical school at the University of Washington and his later residency at Tulane University brought a host of new opportunities and introductions that eventually led Rochat to his career at the CDC. Rochat had an interest in many aspects of medicine throughout medical

school. Despite his career later turning to reproductive health, Rochat does not remember being particularly interested in obstetrics and gynecology (ObGyn) at the time, apart from one thing: *“This was the time when the IUD was just invented. I was quite taken with this new creation. I used to carry an IUD in my wallet.”*

Though Rochat was intrigued by contraceptive technology, he remained predominantly focused on tropical medicine due to a continued interest in missionary work. In his fourth year Rochat embarked on a Louisiana School of Medicine tropical medicine fellowship, spending six weeks in Costa Rica. Of this interest, Rochat observed, *“I had some aspiration in being a medical missionary, and I was far more interested in the medical adventure in the service than I was in the missionary side.”*

While his trip to Costa Rica did not lead to a long career in tropical medicine, a stop at the CDC on his way to Costa Rica led to meetings with Dr. Lyle Conrad and Dr. Alex Langmuir. Rochat recalls that Conrad told him to write a letter once a month if his interest in international medicine continued. *“I wrote him a letter once a month. So three years later, he called and offered me a job.”* This job, a position within the Epidemic Intelligence Service (EIS), would jumpstart Rochat’s public health career.

Work

All participants spoke of experiences Rochat had throughout his career in SRH and how his involvement shaped his opinions, life choices, and philosophy in reproductive health and abortion.

Participants most frequently mentioned Rochat’s trip to East Pakistan—now Bangladesh—to work in cholera research. While assigned as an EIS officer to the state of Oregon, Rochat’s focus was on infectious disease research. An opportunity arose for Rochat to

be involved in international health when Dr. W Henry Mosley recruited him to participate in an oral rehydration project in East Pakistan. There he was assigned to a rural hospital in Matlab Bazaar treating patients with cholera. Of the experience, Rochat noted many memories of influential patient encounters. However, the most impactful aspect of this trip was seeing the issues based on large population. Rochat's sister observed,

Because we were in survival mode a lot in our lives, he saw a different kind of survival that we never had. We always had food, we always had clothes, we were always warm. Other people and the physical reality of survival he saw—and he always wanted to be a help to the most people that he could be a help to. And I think that outreach there was really a turning point in his life. (~Marilee Mittelstadt)

The population issues Rochat saw were in conjunction with families having more children than they were able to care for.

Following Rochat's trip to East Pakistan, he recalled attending a CDC/Emory course in family planning and evaluation work in Atlanta taught by Dr. Robert Hatcher who would later become a friend and colleague. Rochat continued to be based in in Oregon, but was soon contacted by an acquaintance, Dr. Ronald O'Connor, who asked him, “*Do you want to do something really important in your life?*” Of this, Rochat observed:

It's sort of a challenging kind of question, and one could argue that you can do important things anywhere. But what he was trying to say is it's a new field and it doesn't have many people engaged in it. And it was that kind of logic that led me to leave infectious diseases and shift to family planning. (~Rochat)

For this new assignment, Rochat and his wife moved to Atlanta, Georgia where they would stay.

In Georgia, Rochat was assigned to Maternal and Child Health in the state health department via CDC's Family Planning Evaluation Branch. There, his first assignment was to evaluate Georgia's 1968 abortion law. Participants noted that Rochat had often spoken of this evaluation and its effect on him. Rochat spoke of the project as "*lifechanging*." At the time, abortion was legal in Georgia with many specifications. Through the evaluation, Rochat learned "*those dying from abortion during the previous twenty years were predominantly African-American, and those getting legal, safe abortions were young white women.*"

The data from this evaluation went on to be used in the *Doe v. Bolton* case presented to the Supreme Court the same day as *Roe v. Wade*, legalizing the right to abortion in the US. Though Rochat referred to himself as the "*number nerd*" without direct involvement in the case beyond his research, he noted this use of data and research to create change was highly influential in his life. He affirmed this realization was one of the many contributing factors to his later development of GEMMA.

Another significant event within Rochat's career was the opportunity to provide abortions. As Rochat continued at the CDC in family planning evaluation, he was offered the chance to participate in career development. Rochat remembered being asked if he would like to continue his clinical education to specialize in ObGyn. Rochat had left early from his internal medicine residency at Tulane University to pursue his career in public health at the CDC. Though he ultimately declined the suggestion, he did ask to be trained to provide first trimester abortions, reasoning that he wanted real world experience to understand the impact of the epidemiologic research he was engaged in. Thus, Rochat provided abortions at a Washington D.C. clinic before continuing his career development in population studies at Princeton University. On how this impacted him Rochat said, "*I think it was extremely useful to do*

abortions, to realize what a simple act it is, what low morbidity, low mortality... And how important it is [in] the lives of these women. And that stayed with me.”

As Rochat continued to work at the CDC, he had many opportunities to travel within the US and abroad. He recalled trips to Guatemala, Bangladesh, the Philippines, China, and many other countries for various projects (see Appendix 3). Much of Rochat’s early international work investigated sterilization, maternal mortality, and abortion. One participant spoke of the influence they believed this work had on Rochat:

I think he found it in those trips abroad—and even in Georgia at the time—that women who had either no opportunity for abortion or opportunities that weren't professional had died... I think he clearly saw that as a singular calling. I don't think it would have happened had he not had a sort of social conscience and a sense of adventure at the same time. (~Participant 6)

Politics

Rochat’s commitment to the field of sexual and reproductive health had not come without challenges. Participants were cognizant of how the political atmosphere around abortion and family planning affected work at the CDC, and how it affected Rochat’s career there and elsewhere.

Despite the legalization of abortion in 1973, the topic continued to be controversial. However, Rochat recalled a great deal of work being done by and with his colleagues Dr. Ward Cates and Dr. David Grimes in the 1970s. One participant noted that much of the work done in the 1970s was possible due to a different political climate.

All of his years at CDC, for many of which he was under administrations that were much more liberal until Reagan, I imagine. It wasn't until Reagan came into office when the

real tide started to shift around the anti-abortion movement, which was very, very steady starting in the mid 80s, obviously, to what it is now. (~Participant 13)

As his superior, Tyler, was promoted to another position, Rochat became director of what would become CDC's Division of Reproductive Health a few months later. Rochat reflected that the political atmosphere surrounding family planning and abortion affected the Family Planning Evaluation branch during this reorganization in 1981. Previously a part of the Bureau of Epidemiology, the reorganization placed the branch within the Center of Health Promotion. Rochat recalled this move led to a new name along with reorganization. He said of the Center of Health Promotion at the time, *"It was not all of them, but organizationally, their constituents, their supporters would be anti-abortion...So family planning evaluation [changed] to reproductive health, so the anti-family planning people wouldn't perhaps be anti-reproductive health."*

As director, Rochat reflected that he may not have been the "change agent" his superiors were looking for at the time. He felt his team had been doing excellent work before and was continuing to do so. However, there was a noticeable change, and Rochat noted he had to be *"very creative in getting more abortion work done."*

Three participants spoke specifically of the political pressure Rochat was under as director. One noted Rochat saw several of his colleagues dismissed and moved to different areas for being outspoken on the topic of abortion. On this, Rochat stated, *"They were real standard bearers for how to do good science. So, yeah, David [Grimes]'s career, Ward Cate's career—both of them were definitely affected because of standing up for science related to abortion."*

The time eventually came when Rochat was also offered a different position at CDC. *"I thought, 'Uh oh, I know what's happening here. They're moving me out,'" Rochat remembered.*

“And I turned the job down... But the next opportunity came to be reassigned to Emory to help set up the international health track under Gene Gangarosa. So that's what I ended up doing.”

Leaving his position as director, Rochat went on to spend two years at Emory before moving to India with his family to work for USAID. Upon his return to Georgia, Rochat took a position in MCH at the GDPH. Of his initial return Rochat reflected, “I felt like I was in strange territory organizationally. I would say for at least six months, [I was] walking on eggshells. I was just trying to find work that I could do that would be useful.” Overcoming this initial discomfort, Rochat went on to contribute greatly at the GDPH as an MCH epidemiologist and as the Director of the newly formed Office of Perinatal Epidemiology. Rochat reflected on this time period as a highly productive time period in his career. In his new position, Rochat focused on responding to state public health priorities, primarily teen pregnancy, infant mortality, cocaine epidemic, and family planning and MCH service delivery.

Mentors and Influencers

As Rochat would be a mentor to countless EIS officers, Preventative Medicine Residents, and graduate public health students throughout his career, he credits many outstanding advisors and role models who counselled him in his own life. Family members, educators, and colleagues at CDC were all credited by Rochat for their role in shaping and guiding him—some of whom participated in interviews. Often, these mentors became more than advisors and their friendships with Rochat lasted decades.

The first of these mentors and influential figures were family. Already noted was Rochat's parents' emphasis on education, but Rochat and his sisters also noted their father's strong desire for mission work. His sister observed, *“I think in my dad's heart he wanted to be a missionary...And maybe in a way, was. And his two sons, I think they both wanted to be medical*

missionaries. Neither of them were by that term. Roger... his missionary work is abortion.”

While their father did not pursue international mission work, Rochat’s sisters noted that he did missionary work in his own way through teaching.

Rochat also spent time in his youth with his maternal grandfather in Sierra Madre, California. His grandfather as well as his great aunt and great uncle all pursued osteopathic medicine, his grandfather eventually becoming a general practitioner. Rochat did not recall specific experiences that influenced him in the way of pursuing medicine, but he expressed the influence of his grandfather’s history and actions. Though he built the first hospital in Sierra Madre, Rochat remembered that his grandfather did not seek fortune in medicine, making money through investments rather than charging high prices for medical care.

I think knowing him was influential. And knowing his brother and sister also was influential. They were very gracious, kind people to many... if I hadn't had medical people in the heritage on both sides, even though distantly—even though I was smart in school, I'm not sure I would have necessarily tilted toward medicine. (~Rochat)

Rochat listed many people who mentored him throughout his public health career. Dr. Alex Langmuir, though not a direct supervisor of Rochat’s, showed him support in his family planning evaluation research. Rochat recalled presenting data at a national Planned Parenthood meeting. His research on the effects of family planning on fertility found data relating to race, which was poorly received. Rochat recalled Langmuir’s response to the criticism:

So the head of epidemiology from CDC went to a national Planned Parenthood meeting, heard my talk, and the following day stood up to defend me. And basically [he] said this is exactly what we need, is more scientific investigation. It was one of those times in life

when you really feel the support, the backing of a leader in an area where...You don't really expect that. (~Rochat)

Rochat also recalled his years under Dr. Carl Tyler, the director of the family planning evaluation branch. *“Carl Tyler had an amazing ability to take in people into the organization unit and get them to do good work. And they were often people who weren't acceptable elsewhere within CDC because of their political issues or whatever.”* Rochat worked as deputy director under Tyler, eventually succeeding him in the position as the director of the Division of Reproductive Health.

As a CDC employee, Rochat encountered many CDC directors. Early in his career, he had the opportunity to get to know and work with Dr. David Sencer. Rochat recalled, *“He would walk the halls of CDC late in the afternoon, like 6:00 p.m., and stop and talk with people who were still working. And that's how we got to know each other. He wouldn't stay long, two or three minutes, but he remembered people well.”* Rochat would go on to spend a year in Sencer's office working in program evaluation as part of leadership development. *“Part of the goal of people going into that office was to get them acquainted at a high level with all of the CDC to facilitate the development of leaders within CDC,”* Rochat stated. At the end of the year, Rochat returned to family planning and became Tyler's deputy director. Rochat observed that this return to sexual and reproductive health was *“not perhaps what the goal of that year was.”* However, at the time he felt a commitment to family planning research. Though he may not have continued his career in a way Sencer expected, Rochat stated he always felt supported by Sencer. *“He was one of the most impressive leaders that I have ever had the privilege to know.”*

Rochat listed Dr. William (Bill) H. Foege as another CDC director who was an influential figure and friend. Foege, Rochat recalled, was highly supportive during the publishing of his

article “Abortion, the Bible, and the Christian Physician.” Not only was Foege a reviewer, but Rochat remembered he also supported the reprinting of the article when some demanded Rochat repay the CDC for its reprinting. *“Again, an example of a champion leader who backs you,”* Rochat stated.

Though Rochat had many mentors and significant influences throughout his research career, he noted Dr. Gene Gangarosa as a standout for his guidance in the academic sphere. Rochat and Gangarosa had known each other previously, as Gangarosa was a leader in EIS before taking a position abroad at the University of Beirut. When he returned to the US, Gangarosa accepted a job at Emory University to further develop an MPH program. To better develop the program, he requested faculty from EIS. As Gangarosa recalled, Rochat was one of the first who chose to join him from CDC.

Rochat transitioned from his position at CDC as the director of the Division of Reproductive Health to Emory, developing an international health track within the MPH program. Though Rochat felt little of his previous experience was useful towards this new position, Gangarosa recalled, *“He did a magnificent job.”*

Rochat observed feeling *“lucky to have Gene Gangarosa as the guy that recruited me there, and who had enough academic experience that he could guide me in what I was doing.”* He remembered Gangarosa as being *“the person who gave me most of my advice and mentoring and critique.”*

Marriage and Fatherhood

Susan Rochat has been a constant in Rochat’s life since their marriage in 1966. Participants regularly mentioned Susan’s relationship with Rochat and the life they have built together. While Rochat’s kindness and hospitable nature was mentioned frequently, Susan’s own

role in welcoming others into their home was often noted. One participant stated, *“Susan is an excellent person...she is so friendly. She's straightforward, but she would extend her hands and heart as well.”*

Raised in India, Susan moved with her family to Illinois as a teenager. There she trained as a nurse before moving to Seattle to live near relatives. Rochat recalled meeting Susan when she was a nurse and he was a medical student. After first attempting to set her up with a friend of his, Rochat eventually invited Susan to go ice-skating. The first date began with a mix-up, Rochat recalled. *“I was putting on my ice skates. And she said, ‘Roger, they're roller skating here.’ So I put my ice skates in the car and rented roller skates. And we had dates every night that week for one event or another.”* At the end of the week, Rochat decided he had found the woman for him; he asked Susan to marry him and she said yes.

Of this first week of dating, Susan recalled, *“You feel something in yourself that says, ‘this is the guy.’ And so that’s what I thought.”*

When asked what Rochat had felt at the time in order to propose to Susan after only a week of dating, he said, *“When I held her hand, she had a warm hand. I remember that. And when we walk today, we hold hands and I often remember the first time.”*

A year later, the two were married in Illinois, and Susan moved with Rochat to Louisiana where he had already begun his residency at Tulane University. Of their time in Louisiana, Rochat remembers a busy life, where their work schedules were sometimes completely opposite. However, they found creative ways to spend time together; once, Susan even assisted him with an autopsy.

A significant feature of living in Louisiana in the 1960s was the segregation of the South. As Susan was an Indian woman and Rochat was White, the fact that their marriage was

interracial occasionally presented a problem. Rochat recalled, “*The integration time period was challenging, and we got caught up in a little piece of that now and then. [We were] refused entry to a state park once.*” The two remember the segregation of the South, however, Rochat called it “*a minor blip on the screen for us, of what other people had to endure a lot of.*”

While participants spoke broadly of Susan as a large influence in his life, Rochat spoke at length on how supported Susan made him feel, and the priority of their commitment to one another.

It's hard for me to imagine having lived my life without her... She's as essential to me as being able to eat a meal... And I think it's for reasons that would be hard to explain and much harder for others to understand... But to the extent that you're able to appreciate the conservative narrow background that I came from, and her willingness to accept me in that. And then to accept me as I evolved in life. It's just been phenomenal for me.

(~Rochat)

Of significant decisions in life, Rochat did not recall major disagreements between he and Susan. He did recall her opinion carrying substantive weight when he was offered the opportunity to live and work in India. After leaving his position as director of the Division of Reproductive Health and subsequently working at Emory, Rochat was offered a position with USAID in New Delhi. “*It was her enthusiasm for going back to India that made me, a somewhat timid person, agree to do it. I don't mean I'm timid in the big picture, but I was timid about that decision.*”

Another important decision was having children. The Rochats adopted their first daughter, Melanie, in 1971. They went on to adopt their son, David, two years later. On choosing to adopt a second child, Rochat said, “*I think part of it was very idealistic—in part the desire to*

help solve part of the population problem by caring for children, if we weren't going to have them, we should care for others.” Then, in 1977, their biological daughter Suzette was born, whom Rochat lovingly referred to as “*an unplanned pregnancy.*”

Rochat, Susan, and Suzette all noted that the desire for children lay more with Susan, though he loved his children and was an interactive father when present. Suzette observed:

Having three kids was a major influence...My dad would have been fine if he didn't have children. He would have worked his life and been very happy. Not that he regrets having kids. I don't doubt that. But my mom really wanted children...That was her dream. And I think he loves us no less... since he is so dedicated to helping others, his time and ability to invest emotionally was spread thin. Having kids, it was exhausting for him. It was exhausting for both of them. (~Suzette Rochat Harris)

Susan noted that though Rochat was a loving father, he travelled often for his work with the CDC. This left much of the responsibilities of childcare with her, and she temporarily stopped her work as a nurse while the children were young.

Rochat noted parenting his two adopted children presented challenges as their talents were different than his own. He observed, “*Each of these kids have real strengths that we've had trouble uncovering and helping them develop.*” Both children struggled academically, though Melanie was gifted artistically, and David was mechanically minded. Rochat’s experience with his two older children influenced his understanding of how a child’s development was based on more than the environment in which they were raised. On his parenting techniques Rochat said, “*I made no attempt to raise them as I was raised... Honesty, I cared about. Telling the truth. Doing schoolwork, I cared about. I probably had a peculiar desire to be friends with my kids.*”

Suzette observed of her father's parenting, *"He wanted to teach us by just letting us go and learn on our own. He believed in learning by doing."* She recalled one such occasion when Rochat taught his children to sail on Lake Lanier. Once he decided they were sufficiently ready, Rochat jumped off the boat to swim and told them to come pick him up. Suzette commented that this freedom had been a primary. *"He's very trusting and puts a lot of faith in people, which I love. At the same time, it can be a terrifying experience."*

Legacy

Participants were asked what they felt were the most impactful aspects of Rochat's career. Their answers fell broadly into three categories: his contribution to the field of sexual and reproductive health, his role in public health education at Emory, and his mentorship to countless individuals.

Public Health and SRH

In Rochat's career of over fifty years in public health, he has led and participated in vast amounts of research, program development, and management. Some also commented on Rochat's contribution to the field of public health as a whole. One participant stated, *"He's a public health doc...He's much more involved in what people can do for their own health and what the other influences on them are. Everything from the laws that they live with, schools, the social aspects of their lives, racism."* Participants recalled many projects and areas of research that stood out within the field of sexual and reproductive health.

When speaking of specific impacts Rochat had, many participants mentioned the contribution of his early abortion research in the Doe v. Bolton case. *"I think being a part of the legalization of abortion, whether or not in name or just in presence, I just feel like that is...I would imagine it's something to really hang your hat on."*

Many noted that Rochat's work helped to lay the groundwork for future research. One

participant spoke of his large contribution to the research of maternal mortality in the US. They recalled, *“He started MCH Epidemiology in the States, which is now huge... He wrote a paper on maternal mortality and that became the foundation of much bigger work that became national and international.”*

Another participant spoke of the impact of Rochat’s work in a small community. On this occasion, Rochat worked with a Native American tribe experiencing a rise in molar pregnancies. The participant observed, *“I don’t know if this is the most impactful [part of his career], but it speaks to who he is as a human and to his brain, [as] an epidemiologist...”* The tribe itself was small, *“we’re talking about three or four [molar] pregnancies. We’re not talking about hundreds.”* However, the participant reflected on how important doing that research was within the cultural context of the population and the positive impact on the community. They stated, *“So while it was a very small tribe and a few number [of molar pregnancies], the epidemiological impact or significance was there and it was meaningful to that community.”*

Though participants could not always recall specific projects or publications, all spoke of Rochat’s role as an advocate for reproductive justice and research. One participant observed, *“I think he always tried to follow his own belief and own career goal: that he would like to help women through advocacy, through making services available in any part of the world. I don’t think he was discrete about US or non-US, but anywhere in the world, he would help women.”* Another participant echoed this statement, commending his ability to address an issue both globally and within the US.

Also noted was Rochat’s ability and willingness to have discussions with others about abortion and other controversial topics. *“Roger has done a lot of work in a lot of different spaces,”* one participant observed, *“but I think that the biggest impact has been on opening*

people up to having conversations about abortion and to doing research into sparking interest where maybe there hasn't been any consideration in the past.”

Academics

While Rochat spent much of his earlier career at CDC and the GDPH, participants spoke at lengths about his impact within the academic sphere and his role at Emory and RSPH. Many aspects of his role in academia were mentioned: Rochat's role in forming the international track in the new MPH program headed by Gangarosa; the impact he had within the Hubert Department of Global Health; and the courses he established.

Rochat's first work at Emory was prior to the development of RSPH. At the time, the MPH program was part of the medical school. Gangarosa recalled asking Foege, CDC director at the time, to assign EIS alumni to assist him as faculty of the program. He said, *“I remember Roger was the first one to volunteer, and I was thrilled.”*

Of Rochat's role in the international track, Gangarosa stated *“It became our most popular track. He hired an outstanding group of dedicated people, and it attracted students from abroad.”* In the early years of establishing an MPH program that would eventually become RSPH, Gangarosa specified that enrolling international students helped establish the program's credibility. In turn, this helped the program become fiscally independent from the medical school at Emory.

Before this time, Foege noted there was minimal interaction between the CDC and Emory. With Rochat and other EIS alumni as faculty, the CDC became a part of the education for public health students at Emory. Students attended EIS epidemiology seminars weekly, and Rochat recalled *“phenomenal”* support from the CDC in terms of resources. In establishing these connections between the CDC and Emory through the public health program, Rochat,

Gangarosa, and their colleagues began a strong relationship between the institutions.

After two years, Rochat left the position at Emory for one with USAID in India. Though no longer working at Emory, he did not leave public health education behind. In addition to his work with USAID, Rochat assisted in discussion for developing schools of public health in India. He recalled hosting a meeting with several heads of public health programs from the US—including Gangarosa from Emory and Dr. D.A. Henderson from Johns Hopkins—who came to meet with those working in Indian preventative medicine.

He did not resume his position at Emory upon his return to Georgia, instead taking a position at the GDPH in Maternal and Child Health. However, after his retirement from the CDC Rochat would accept a position within the epidemiology department at RSPH in 2000. He reflected that the epidemiology department was not the right fit, but he enjoyed the student interactions. Therefore, when Dr. Reynaldo (Rey) Martorell offered him a position within the global health department, Rochat accepted.

While many duties came with his position at RSPH, developing and teaching courses was a primary component. Hatcher, now teaching at RSPH, asked Rochat to co-teach a class called “Contraceptive Technology.” Of Rochat’s contribution to the class, Hatcher recalled in addition to bringing in CDC connections to lecture in the course, Rochat had *“a broad knowledge of what was going on in developing countries.”* He brought in a global perspective and an *“understanding of world population growth, how the methods work, what were counseling issues, [and] what were trends in choosing various contraceptives.”*

Rochat also took over a course in reproductive health program management when the original instructor left and the department considered dropping the course. He recalled deciding

“management is too important in the reproductive health arena,” and began teaching the course using case studies and a multitude of guest speakers from his network.

In 2010, Rochat and Dr. Eva Lathrop debuted the first GEMMA seminar. Though neither of them remembers who first suggested the idea for a seminar on maternal mortality and abortion, Rochat and Lathrop had a common interest in the subjects. Lathrop, a practicing ObGyn, was completing her MPH at RSPH while also working clinically when she was enrolled in Rochat’s program management course. At some time near the end of the semester, the idea was raised to educate interested public health students on abortion-related preventable deaths.

Designed as a seven-week seminar, Lathrop and Rochat sought to educate on an issue that no other courses addressed. Lathrop stated, *“Part of our rationale was [that] this is the one common cause of maternal death that we could eliminate completely. We have the tools to eliminate it and we have to spend more attention and time building up strategies to actually put these tools in place and implement and do it.”*

Neither Rochat nor Lathrop expected the success the seminar would have. What they expected to be a small seminar had twenty students in the first year. As more students wished to join, the seminar became a semester-length course. On the impact the course has had, Lathrop mused,

Tracking the careers of people, it's very hard to figure out how much of that we can say was due to GEMMA or associated in some way with GEMMA. But some of it was. And the number of people who've gone into different careers that are GEMMA related is huge. And that's Roger. I'll take a small bit of that, but it's mostly Roger. (~Lathrop)

In addition to his work within the scope of sexual and reproductive health at RSPH, Rochat also took on leadership of the Hubert H. Humphrey Fellowship in 2016. Following the

death of the fellowship's original coordinator, Dr. Philip Brachman Sr., Rochat requested taking over the position of championing international public health students and went on to serve 5 years as the program coordinator. Referring to the years he and his family hosted international visitors from various countries, Rochat noted the position felt like a natural fit. He reflected on how much the program benefits the Humphrey fellows as well as RSPH students, providing a mutual educational experience in their interactions.

Mentorship

Overwhelmingly, participants celebrated Rochat's role as a mentor. Rochat was an advisor to many throughout his career within CDC, GDPH, and Emory, providing decades of guidance to the future of public health providers. Participants repeatedly praised his support of students and trainees, noting his warmth and readiness to assist any who sought guidance. Rochat recalled that he began mentoring in public health during his time at CDC. Initially, he advised EIS officers working in family planning, many who were assigned to state health departments. As Rochat built connections he also formed a reputation as a facilitator to those interested in sexual and reproductive health. Fellow public health personnel in his expansive network referred students to Rochat, knowing he would provide excellent guidance.

In many cases, participants recalled how Rochat's mentorship exceeded academic and career guidance. The Rochats hosted individuals from many countries who came to the CDC or Emory for training. Two participants specifically recalled the hospitality they were shown by Rochat and his family. One remarked, "*Roger goes beyond just the professional mentoring and relationship to more of social engagement, and taking you on and helping people from all aspects of life, not just at school.*" This participant spoke of Rochat not only hosting them, but also assisting in establishing them within the US.

Rochat also sought out individuals to bring into the public health sphere. One participant recalled an EIS officer recruited by Rochat while working internationally. *“Roger was in Bangladesh in one very remote village and then saw a doctor who was treating patients... He said, ‘Why don’t you come to CDC?’ So he recruited him from the rural areas of Bangladesh.”* The doctor went on to become an EIS officer and later a leader in HIV research. *“He doesn’t wait for you to become an intern or a student to mentor you. He’s just trying to educate people everywhere.”*

Mentoring students was a comfortable aspect of Rochat’s initial transition from CDC to his position at Emory. Having previously advised many EIS officers and students sent to him by colleagues, guiding MPH students was a natural skill. Though he left his position establishing the international health track, Rochat continued mentoring Emory students in his position at the GDPH.

On his return to RSPH within the global health department, Rochat took on the role of Director of Graduate Studies. Rochat recalled *“I think what Rey [Martorell] valued particularly was the evaluation work that I did and the oversight that I provided to the theses.”* At one point, Rochat read all masters theses coming out of the global health department, catching some mistakes, and informing students and theses advisors of discrepancies in data and what was reported. In addition to acting as *“quality control,”* Rochat observed, *“I enjoyed doing it because I enjoy that relationship with the students.”*

Participants spoke of Rochat as a link, reaching out to his network when students showed an interest in a particular topic. *“He is a master of finding opportunities and linking people and kind of just creating opportunities.”* Participants remarked that part of what made Rochat an excellent advisor was his knowledge of his limitations and ability to utilize his educational

network.

He recognizes that there is this vast array of expertise out there, right, and can tap it really effectively. And I think that's important, too. There's only so much I can teach. There's only so much I know and I have experience with. And so being able to kind of pull in those other experiences is important too. (Participant 15)

Participants spoke of Rochat's mentoring technique as guiding, while also allowing independence. He provided ideas and recommendations, but also acted as a sounding board for students' thoughts, giving mentees the freedom to conduct projects in a way they saw fit. One mentee explained, *"I always say that he opened the door for me to kind of spread my wings and fly. Cliche, but he enabled me to—he let me lead."*

Of those participants who he mentored, all expressed gratitude and a feeling of privilege to have been one of many to receive his guidance. One participant summarized this sentiment expressed by many: *"He's just such an inspiration and such a joy. I know I'm one small piece in the larger universe of people that he's touched. And I'm just so thankful both for that, but also just I think it's really nice... He's worked really hard, wanting nothing in return."* (~Participant 14)

GEMMA

Rochat's dedication to the field of sexual and reproductive health and the next generations of public health experts culminated in creation of the GEMMA fund in 2003.

Rochat cited three main inspirations for the fund. First, he acknowledged the influence of his contribution to Doe v. Bolton on his understanding of useful data collection. Rochat observed that the experience of having contributed data in a meaningful way so early in his career served as inspiration, having the understanding students can collect excellent data and influence change.

A second inspiration came from a project he assigned to a mentee. Rochat was interested in discovering how much of the research completed by students was in sexual and reproductive health, and in which areas. He asked the mentee to do an analysis of past Master's theses. From that first analysis of Master's theses, Rochat recalled they found no theses related to either abortion or contraception. With these results, he saw *"there was a real deficit of this portion of public health within the university."*

The third inspiration for GEMMA came from Gangarosa, his friend and mentor. Rochat detailed that he was motivated by his generous spirit, praising Gangarosa for *"all that he's given to the school."* Rochat also sought guidance and opinions from Gangarosa and his wife as the GEMMA fund developed further:

Gene and Rose Gangarosa were two that I went to...along the way, because I knew that they are strongly practicing Catholics and I wanted to know how they viewed it [GEMMA]. And they ended up responding that it was a public health issue and needed to be addressed. And I really appreciated that. (~Rochat)

Of his goals for creating the fund, Rochat said, *"I wanted it to serve the purpose of supporting students in doing work related to abortion, contraception, unintended pregnancy...there hadn't been much done, if anything, up until that point in time."*

Though the fund was established in 2003, many of the logistics were not clarified until Dr. Megan Ivankovich began her work with Rochat as a merit scholar at RSPH. Ivankovich explained that when she began her time at Rollins in 2007, GEMMA was funded but not yet functional. *"It hadn't been operationalized."* As part of her work with Rochat, Ivankovich assisted with fundraising efforts as well as operationalizing funding so it could go to students who sought it.

I worked with Roger to develop an operational guide... that kind of set out ideas on how that funding could be used, giving some structure to the amount of money that students should receive to support their research, and ideas on how to disseminate that research and whatnot... So I think I had developed that guide back in 2009... GEMMA has expanded incredibly since I was there, but I helped to shape it. (~Ivankovich)

The Emory Reproductive Health Association (ERHA) has been vital to GEMMA, in Rochat's opinion. *"I view them as an absolutely essential contributor to GEMMA. When ERHA was established, the leaders were very pro-GEMMA and wrote something into the constitution about how it would support GEMMA."* A GEMMA chair is elected within the organization each year, and ERHA also organized the annual GEMMA evening, where students can present their abortion-related research.

Initially GEMMA was aimed at providing students with funding for abortion-related practica. However, Rochat noted students often were able to obtain funding for practical experiences using other mechanisms available through the Emory Global Health Institute (EGHI) and the Global Field Experience (GFE) financial award. *"The funding itself is not really as highly associated with whether or not projects took place that are GEMMA related."* Rather, Rochat felt the existence of the fund acted as a *"catalyst"* for the creation of more projects focused on abortion research.

Many students who completed applied practical experiences with a GEMMA project remained in a public health field related to abortion following their graduation from the program. *"In my interactions with students through the years, so many of them have either come to Rollins because of GEMMA or have been introduced to it during their time there, and it's really changed their trajectory. So I feel like his legacy in that way has already changed lives."*

At the time of these interviews, Roachat was preparing to retire. Stepping down from his position at RSPH, Roachat wanted to ensure GEMMA's lasting presence at RSPH, maintaining students' continued engagement in abortion research. Roachat spoke of the fund shifting from directly supporting MPH students to instead supporting a post-doctoral position. *"The reason for changing it to a faculty or post-doc is a clear recognition that at some point I will not be there. And if I'm not there, then a fund that only supports students won't work well. You really need someone as a mentor, a supporter, a leader."*

As the first GEMMA post-doctoral scholar, Dr. Anna Newton-Levinson filled this role with a strong history of GEMMA scholarship. Newton-Levinson was a recipient of GEMMA funding for her practicum as an MPH student evaluating family planning programming in Ethiopia. She went on to work closely with Roachat in family planning evaluation for Planned Parenthood Southeast and also took over teaching his reproductive program management class. Newton-Levinson took on the role with a deep understanding of the mission of GEMMA and what it meant to Roachat and RSPH, stating GEMMA is in place to carry on the work Roachat started. She explained that while many organizations may do research on abortion, the heart of GEMMA is student engagement in that process. On her own position as the post-doctoral scholar, she reflected:

I think that the vision for right now is that there is a post-doc who is able to be deeply engaged and a resource to students as well. And that's kind of how I have seen my role. Both furthering research and in a broader way with GEMMA, but also being an additional resource for students. But also then maintaining the ethos of giving, creating opportunities for students to engage in abortion related research in many more ways than they would have access to just as students. (~Newton-Levinson)

As Rochat prepared for retirement, he considered what his legacy at RSPH would mean. He expressed that his highest concern was the future of GEMMA, ensuring that students would continue to have opportunities to participate in the area of abortion research. He said, *“I would rather keep GEMMA on the portfolio of Emory than my name...So I guess I don’t really care that I’m remembered so much. I care that the issue is remembered and that people continue to wrestle with it.”*

Ch V. Discussion and Conclusions

The goal of this project was to understand which prominent factors in Rochat's life have had the greatest effect on his choices and experiences, while also providing a tribute to him as a mentor and passionate advocate for reproductive health research and access. Rochat's contributions to the field of public health include providing significant data for Supreme Court case of *Doe v. Bolton*, spearheading organizational advancements in MCH within the US, and giving educational guidance to generations of future public health professionals. Qualitative analysis of interviews with Rochat and key informants gave insight to influences on his life as well as key aspects of his personality and the lasting impact he has had in public health and in people's lives.

From the three overarching themes found in analysis, some topics stood out as having particular significance in Rochat's life. These topics included the presence of education, his ability to connect with others, and his enduring desire to do more to serve.

Education as a catalyst for expansion of worldviews

Education has been a part of Rochat's life from a very early age and continued to be at the forefront of his biggest mental and experiential transformations. The parental expectations for Rochat's future in higher education instilled in him early that the way forward would always be in education. These values along with his outside employment from grades 7 through 12 prepared him to leave home and succeed in a university setting. Moving away from his family, strict upbringing, and a small Western farming community presented new perspectives. It gave him a look into a world far bigger than the one he grew up in, with people of backgrounds far different than his own.

Rochat often spoke of not having clarity on why he made certain decisions in his life, but education was always a very intentional choice. Travelling away from familiar surroundings challenges individuals to foster new relationships, allowing a person to confront their own belief system and views [8]. Rochat made very pointed decisions to educate himself and made choices in his education that would provide him the broad perspectives on life. For example, University of Rochester did not offer a study abroad option at the time of his enrollment; therefore, he sought out the experience via an outside program. Though his parents emphasized educational impact, Rochat took steps towards his education during his young adulthood and beyond that gave him a vast range of opportunities to meet new people and experience cultures different than his own.

Personal Connection

Rochat's ability to connect with people has had a large influence on his life and has played a significant role in his ability to impact the lives of others. While he was raised with a set of values that taught him to be kind to others, Rochat has gone beyond the simplicity of being kind. He builds genuine connection with people regardless of the length of their relationship. One can be taught values and empathy, [9] but the level of engagement and immediate connection Rochat is able to build is part of his character. He imbues a sense of comfort in those he meets, expanding traditional expectations of professionalism and leaning into community building through a network of public health professionals.

This sense of ease is a significant aspect of what has made him a good mentor. For effective mentor-mentee relationships, a mentee must be comfortable enough to share thoughts and ideas. [10] While all participants spoke of Rochat's effectiveness at mentoring, those who were mentees made this especially clear. He provides a sense of reassurance and respect as well

as friendship that inspires a level of confidence. This relationship also encourages his mentees to remain in communication, which has allowed him to expand a network of contacts also willing to become mentors in turn.

Though Rochat has a unique way of connecting with people, his role as a mentor also developed based on experiences with his own professional mentors. Rochat spoke of Sencer having evening conversations with those who stayed late at the CDC, these small interactions fostering a sense of community. He spoke of Tyler creating a working environment for those of all different backgrounds. Of Gangarosa, Rochat spoke of how comfortable he was knowing he would be received with kindness and constructive criticism. The foundation of Rochat's mentorship was built by a group of leaders who understood the importance of community and respect between mentor and mentee.

Nature of service

In his own research, Rochat was most often willing to take on projects when he felt they had a sincere effect on a community. Despite various sparks of indignation from some, Rochat has not shied away from research that addressed uncomfortable topics. He has been outspoken when his data has found racial inequalities in access to care and maternal mortality and sought to better understand these inequalities. In his CDC career development, he specifically requested to learn to provide abortions to better understand the experiences of women. Rochat could have continued his career in family planning evaluation without that clinical understanding. It speaks to his compassion that he wanted to comprehend the issue of abortion as more than statistics.

Rochat's work in abortion research began with his analysis of abortion in Georgia following the 1968 implementation of a law allowing limited access to hospital abortions in the state. The law allowed for abortion with approval from 3 physicians within the circumstances of

rape, danger to the pregnant person, and severe congenital defect. Rochat's finding of racial disparities in access to hospital abortions also showed disproportionate rates of abortion-related deaths among unmarried black women without access to safe, hospital abortion [11]. At the time, this law was more progressive than other states with no access to legal abortion. However, the narrow regulations of the Georgia abortion law limited the scope of access to those with more privilege in the population. Rochat's data demonstrating these disparities would go on to become a part of the *Doe v. Bolton* case, decided alongside *Roe v. Wade* to legalize abortion in the US.

With the overturning of *Roe v. Wade* by the Supreme Court in June 2022, with the *Dobbs v. Jackson* ruling, Rochat's work in abortion research and the importance of GEMMA are more relevant than ever. According to research done by the Guttmacher Institutes, as of October 2, 2022 out of 79 clinics across 15 states (Alabama, Arizona, Arkansas, Georgia, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin) that provided abortion care prior to June 24, 2022, only 13 still provided abortion services. All 13 of these clinics were located in Georgia, leaving 14 states without abortion care. Of the other 66 clinics, 26 shut down entirely, while 40 remained open for other services [12]. While Georgia abortion providers remain open, access beyond the first 6 weeks of pregnancy remains unstable. Georgia House Bill 481 limits abortion to when a fetal heartbeat is detected, at roughly 6 weeks of pregnancy. Originally passed in 2019 then ruled unconstitutional in July of 2020, the ruling was reversed following the outcome of *Dobbs v. Jackson*.

The status of legal abortion access within the US currently lies with state governments, much as it did before *Roe*. While there has been progress in reproductive and social justice since 1973, access to abortion is limited by similar factors seen in Rochat's early research. Those in marginalized populations all faced difficulties to accessing services before the *Dobbs v. Jackson*

decision and will likely find greater barriers as states implement more restrictive laws and complete bans on abortion [12]. Rochat's work as an epidemiologist, an educator, and a mentor is of the utmost relevance as the US faces policies made that are detrimental to public health. Educating, connecting, and guiding new public health professionals is vital to creating and sustaining policies that will support reproductive autonomy and safe health care.

As an educator, Rochat has acted to provide experiences to students that acted both as a benefit to their education and to the communities in which they wish to serve. During his Rollins career, sixty of his students first-authored publications based on the findings of the original research they conducted for their Master's thesis. Utilizing the network of public health professionals he developed throughout his career, Rochat has built a community of mutual aid. He ensures students have meaningful educational experiences while also they also act as a valuable resource to those already in the field of reproductive health.

In this same way, creating GEMMA was a way to inspire meaningful research in the next generation of public health providers. The continued presence of GEMMA at RSPH means students will continue to be trained to pursue public health research that can save lives of vulnerable people. GEMMA encompasses his love of mentoring and also his life's work to use data and public health research to change policy.

“Big picture, it's people. It's people and relationships. There's also that aspiration of foolishly thinking we make a difference in this world.”

References

- [1] R. Rochat, Interviewee, *Roger Rochat oral history interview*. [Interview]. 2013-2014.
- [2] R. Rochat, Interviewee, *Oral Memoirs of Roger W. Rochat*. [Interview]. 2001.
- [3] C. Tyle, Interviewee, *personal communication*. [Interview]. 10 August 2021.
- [4] R. Rochat, Interviewee, *personal communication*. [Interview]. 9 July 2022.
- [5] M. Patton, *Qualitative research and evaluation methods.*, Thousand Oaks, CA: Sage Publications, 2002.
- [6] C. K. Riessman, *Narative Analysis*, Newbury Park: Sage Publications, 1993.
- [7] C. Urquhart, *Grounded theory for qualitative research: A practical guide*, Sage Publications, 2013.
- [8] J. Zimmerman and F. J. Neyer, "Do We Become a Different Person When Hitting the Road? Personality Development of Sojourners," *American Psychological Association*, vol. 105, no. 3, pp. 515-530, 2013.
- [9] C. Heyes, "Empathy is not in our genes," *Neuroscience & Biobehavioral Reviews*, vol. 95, pp. 499-507, 2018.
- [10] A. Almainan, "Mentoring and the Public Health Workforce: A Scoping Review," *Journal of Contemporary Scientific Research*, vol. 3, no. 12, pp. 13-29, 2019.
- [11] R. W. Rochat, C. W. Tyler and A. K. Schoenbucher, "An epidemiological analysis of abortion in Georgia," *American Journal of Public Health*, vol. 61, no. 3, pp. 543-552, 1971.
- [12] M. Kirstein, J. Dreweke, R. K. Jones and J. Philbin, *100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care*, Oct. 2022.

Appendix 1: Rochat Publications, Geography, Themes, and Keywords

Year	Article Title	Authors	Geography	Gobal	US	Global Topic	US Topics	Theme	Abortion Key Words	MCH Key words	SRH Key words	Additional Key Words
1970	Computer mapping of family planning needs and services	Allen David T., Rochat Roger W. , Murray Malcolm A., Tyler Carl W., Jr.	USA		Georgia		SRH	SRH			Family Planning	
	A clinical trial of oral therapy in a rural cholera-treatment center	Cash RA, Nalin DR, Rochat R. , Reller LB, Haque ZA, Rahman AS	Global	Bangladesh		Infectious Disease		Infectious Disease				Cholera, oral therapy
1971	An epidemiological analysis of abortion in Georgia.	*Rochat RW , Tyler CW Jr, Schoenbucher AK	USA		Georgia		Abortion	Abortion	Epidemiology			Race
	The effect of family planning in Georgia on fertility in selected rural counties.	*Rochat RW , Tyler CW Jr., Schoenbucher AK	USA		Georgia		SRH	SRH			Family Planning	Rural health
1972	Family Planning among white garment workers in rural Appalachia: evaluation by use of a sample survey.	Moore S, Rochat RW , Tyler-CWJr	USA		Southeast US		SRH	SRH			Family Planning	Rural health
1974	Contraception after abortion.	*Margolis A , Rindfuss R, Rochat RW , Coghlan P	USA		Washington DC		Abortion	Abortion	Contraception			
1976	Trends in national abortion mortality, United States, 1940-1974	*Cates W Jr , Rochat RW , Smith JC, Tyler CW Jr	USA		USA		Abortion	Abortion	Maternal Mortality			
	Illegal abortions in the United States, 1972-1974.	*Cates W Jr , Rochat RW	USA		USA		Abortion	Abortion	Illegal abortion			
	The intrauterine device and deaths from spontaneous abortion.	*Cates W Jr , Ory HW, Rochat RW , Tyler CW Jr	USA		USA		SRH	SRH			Contraception	

	Abortion the Bible, and the Christian Physician.	Rochat RW	Global	Global		Abortion		Abortion	Religion			
	The prevalence of cervical cancer screening, USA: 1970.	Rochat RW	USA		USA		SRH	SRH			Screening	Cervical Cancer
	Regional variation in sterility, USA	Rochat RW	USA		USA		SRH	SRH			Fertility	
1977	FPED: Teenage Fertility: Actual vs. Desired Fertility (separate reports for South Carolina, Mississippi, Tennessee, Alabama, Florida, Georgia, North Carolina).	Centers for Disease Control	USA		Southeast US		SRH	SRH			Fertility	Teenagers
	Psychological sequelae of sterilization in women in Singapore	*Cheng MCE, Cheong J, Knew KS, Ratnam SS, Rochat RW	Global		Singapore		SRH	SRH			Sterilization	Mental Health
	Sterilization failures in Singapore: an examination of ligation techniques and failure rates.	*Cheng MCE, Wong YM, Rochat RW , Ratnam SS	Global		Singapore		SRH	SRH			Sterilization	technique/failure
	Pap smear screening: has it lowered cervical cancer mortality among American blacks?	Rochat RW	USA		USA		SRH	SRH			Screening	Cervical Cancer
1978	Sterilization of teenagers in the United States, 1930-1970.	*Brann E, Rochat RW , Strauss L	USA		USA		SRH	SRH			Sterilization	Teenagers
	Legalized abortion: effect on national trends of maternal and abortion related mortality (1940-1976).	*Cates W Jr, Rochat RW , Grimes DA, Tyler CW Jr.	USA		USA		Abortion	Abortion	Maternal Mortality			
	Assessment of surveillance and vital statistics data for monitoring abortion mortality, United States 1972 1975	*Cates W Jr, Smith JC, Rochat RW , Patterson JE, Dolman A	USA		USA		Abortion	Abortion	Maternal Mortality			
	Maternal Mortality and abortion associated with different fertility-control strategies (1978),	Rochat RW , Lee D, Schulz KM, Suchindran CM	USA		USA		Abortion	Abortion	Maternal Mortality			Contraception

	Methods for measuring safety and health hazards of presently available fertility regulating agents in the developing world.	* Rochat RW , Ory HW, Schulz KF	Global	Singapore		Abortion		Abortion	Contraception			Safety
	Control de Fecundidad y Planificacion de la Familia en Estados Unidos de America	Rochat, Roger W , Morris, Leo, Cates, Willard Jr, Ory, Howard W	USA		USA		SRH	SRH				Family Planning
	Family Planning Services provided by obstetrician-gynecologists in private practice, California, 1975	Solter SL, DB Petitti, RW Rochat, GC Cunningham	USA		California		SRH	SRH				Family Planning
1979	The health impact of restricting public funds for abortion, October 10, 1977 - June 10,1979.	*Cates W Jr, Kimball AM, Gold J, Rubin GL, Smith JC, Rochat RW :	USA		USA		Abortion	Abortion	Restrictions			Funding
1980	Statewide family planning programs in Tennessee a 1980 update.	*Campbell RH, Atrash H., Allen DT, Rochat RW	USA		Tennessee		SRH	SRH				Family Planning
	A cluster of septic complications associated with illegal induced abortions.	*Gold J, Cates W. Jr, Nelson M, Kimball AM, Rochat RW , Chester DA	USA		USA		Abortion	Abortion	Complications			Illegal abortion
	The under-registration of neonatal deaths: Georgia, 1974-77.	*McCarthy BJ, Terry J, Rochat RW , Quave S, Tyler CWJr	USA		Georgia		MCH	MCH			Infant/Neonatal Mortality	
	Sensitive questions about foreign aid for abortion (letter).	Rochat RW , Cates W. Jr	Global		Global		Abortion		Abortion	Foreign aid		
	Induced abortion and health problems in developing countries (letter).	* Rochat RW , Kramer D., Senanayake P, Howell C	Global		Global		Abortion		Abortion	Complications		
	Maternal and perinatal mortality statistics.	Rochat RW	Global		Global		MCH		MCH		Maternal mortality	

	Fatal ectopic pregnancy after attempted legally induced abortion.	*Rubin GL, Cates W. Jr, Gold J, Rochat RW , Tyler CW Jr	USA		USA		Abortion	Abortion	Maternal mortality			Ectopic pregnancy	
	Intrauterine device termination rates and the menstrual cycle day of insertion.	*White MK, Ory BW, Rooks JB, Rochat RW	USA		USA		SRH	SRH			Contraception	IUD, menstruation	
1981	Fertility trends in Tennessee: age and race specific fertility analysis 1970-1978; comparative fertility analysis, 1975-78.	*Atrash HK, Allen DT, Rochat RW	USA		Tennessee		SRH	SRH			Fertility	Race; age	
	The role of nurse practitioners as family planning clinicians in Tennessee	*Atrash HK, Allen DT, Rochat RW , Smith L	USA		Tennessee		SRH	SRH			Family Planning	Nurse Practitioner	
	The child abuse registry in Georgia: three years of experience.	*McCarthy BJ, Rochat RW , Cundiff B, Gould PA, Quave S	USA		Georgia		MCH	MCH		Child Health and Safety		Abuse	
	The epidemiology of neonatal death in twins.	*McCarthy BJ, Sachs BP, Layde PM, Burton A, Terry JS, Rochat RW	USA		Georgia		MCH	MCH		Infant/Neonatal Mortality			
	Complications from induced abortion in Bangladesh related to types of practitioner and methods, and impact on mortality.	*Measham AR, Rosenberg MJ, Khan AR, Obaidullah M, Rochat RW	Global	Bangladesh			Abortion	Abortion	Complications				Maternal Mortality
	Maternal Mortality in the United States, 1969-1977.	* Rochat RW	USA		USA		MCH	MCH		Maternal mortality			Epidemiology
	Contraception during Lactation: doctors world-wide practice	Rochat RW, LT Strauss, M Speckhard, P Senanayake	Global	Global			SRH	SRH				Contraception	Lactation
	Family Planning Practices among Anglo and Hispanic Women in U.S. Counties Bordering Mexico.	Rochat, RW ; Warren, CW; Smith, JC; Holck, SE; and Friedman, JS	US Mexico Border					SRH				Family Planning	Race

	Attitudes of rural Bangladesh physicians toward abortion.	*Rosenberg MJ, Rochat RW , Jabeen S, Measham AR, Obaidullah M	Global	Bangladesh		Abortion		Abortion	Physician attitudes			
	Maternal mortality after caesarean section in Georgia	*Rubin GL, Peterson HB, Rochat RW , McCarthy BJ, Terry JS	USA		Georgia		MCH	MCH		Maternal mortality		C section
	Contraceptive use along the U.S.- Mexico border.	*Warren CW, Smith JC, Garcia-Nunez J, Rochat RW , Martinez Manitou	US Mexico Border					SRH			Contraception	
1982	Need for family planning services among Anglo and Hispanic women in U.S. counties bordering Mexico.	*Holck SE, Warren CW, Morris L, Rochat RW	US Mexico Border					SRH			Family Planning	
	Epidemiologic differences between sexual and physical child abuse.	*Jason JM, Williams SL, Burton A, Rochat RW	USA		Georgia		MCH	MCH		Child Health and Safety		Child abuse
	Family planning and abortion: have they affected fertility in Tennessee?	*Atrash HK, Rochat RW , Schulz KF, Allen DT	USA		Tennessee		Abortion	Abortion	Fertility		Fertility	
	Mortality from abortion and childbirth: are the statistics biased?	*Cates W Jr, Smith JC, Rochat RW , Grimes DA	USA		USA		Abortion	Abortion	Maternal Mortality			
	Islam: Sterilization Attributable Deaths in Bangladesh.	*Grimes DA, Peterson HB, Rosenberg MJ, Fishburne JI, Rochat RW , Khan AR	Global	Bangladesh			SRH		SRH		Sterilization	Mortality
	Deaths from contraceptive sterilization in Bangladesh: rates, causes, and prevention.	*Grimes DA, Satterthwaite AP, Rochat RW , Akhter N	Global	Bangladesh			SRH		SRH		Sterilization	Mortality
	Lung cancer mortality and smoking habits: Mexican American women.	*Holck SE, Warren CW, Rochat RW , Smith JC	US Mexico Border						Lung Cancer			Mortality

	Anticonceptivos y atencion materna en la zona fronteriza Mexico - Estados Unidos	Manatou MJ, Garcia JN, Nunez LF, Warren CW, Rochat RW,	US Mexico Border					SRH			Contraception	
	Decision analysis in assessing the impact of female sterilization in Bangladesh.	*Rosenberg MJ, Rochat RW	Global	Bangladesh		SRH		SRH			Sterilization	
	Sterilization in Bangladesh: mortality, morbidity, and risk factors.	*Rosenberg MJ, Rochat RW, Akbar J, Gould P, Khan AR, Measham A, Jabeen S	Global	Bangladesh		SRH		SRH			Sterilization	Mortality
	Reproductive mortality in the United States.	*Sachs BP, Layde PM, Rubin GL, Rochat RW	USA		USA		MCH	MCH		Maternal mortality		Infant/Neonate
	Trends in the incidence of breastfeeding for Hispanics of Mexican origin and Anglos on the U.S. - Mexico border.	*Smith JC, Mhango CG, Warren CW, Rochat RW, Huffman SL	US Mexico Border					MCH		Breastfeeding		
	Contraceptive sterilization: a comparison of Anglo and Hispanics living in U.S. counties bordering Mexico.	*Warren CW, Smith JC, Rochat RW	US Mexico Border					SRH			Sterilization	Race
1983	Effect of age at marriage on fertility in Xian City, the People's Republic of China.	Chen, Charles HC; Feng, Zhonghui; Rochat, Roger W	Global	China		SRH		SRH			Family Planning	
	Mortality from abortion and childbirth. (response).	*Grimes DA, Cates W. Jr, Smith JC, Rochat RW	USA		USA		Abortion	Abortion	Maternal Mortality			
	The Food and Drug Administration and medroxyprogesterone acetate. What are the issues?	*Rosenfield A; Maine D; Rochat R; Shelton J; Hatcher RA	USA		USA		SRH	SRH			Contraception	

	Neonatal transport in Georgia: Implications for maternal transport of high-risk pregnancies.	*Sachs BP, Arks JS, McCarthy BJ, Burton A, Rochat RW , Terry JS	USA		Georgia		MCH	MCH		Infant/Neonatal Mortality	
	Differentials in the planning status of most recent live births to Mexican- Americans and Anglos	Warren CW, Smith JC and Rochat RW	USA		USA		MCH	MCH		Birth Planning	
1984	Women hospitalized for abortion complications in Mali.	*Binkin NJ, Burton NN, Toure AH, Traore ML, Rochat RW	Global	Mali		Abortion		Abortion	Complications		
	Perinatal and maternal mortality in a religious group avoiding obstetric care.	*Kaunitz AM, Spence C, Danielson TS, Rochat RW , Grimes DA.	USA		Indiana		MCH	MCH		Maternal Mortality	Religion
	Maternal mortality surveillance, 1974-1978.	Kaunitz AM, Rochat RW , Hughes JM, Smith JC, Grimes DA	USA		USA		MCH	MCH		Maternal mortality	Surveillance
	An assessment of the incidence of maternal mortality in the U.S.	*Smith JC, Hughes JM, Pekow PS, Rochat RW	USA		USA		MCH	MCH		Maternal mortality	Epidemiology
1985	Causes of Maternal Mortality in the United States.	*Kaunitz AM, Hughes JM, Grimes DA, Smith JC, Rochat RW , Kafrissen ME	USA		USA		MCH	MCH		Maternal mortality	Epidemiology
	A Piece of My Mind: Family Reunion	* Rochat RW	Global	Global		Demography		Demography			
	Maternal Mortality and Perinatal Mortality: Definitions, Data, and Epidemiology.	Friede A, Rochat RW	Global			MCH		MCH		Maternal mortality	
	Family Planning Programs and Practice	Tyler Cw, Rochat RW	USA		USA		SRH	SRH			Family Planning

1986	Maternal mortality in women aged 35 years or older United States.	*Buehler JW, Kaunitz A., Hogue CJR, Hughes J, Smith JC, Rochat R	USA		USA		MCH	MCH		Maternal mortality	
	Contraceptive use and the Need for Family Planning in Puerto Rico.	*Herold JM, Warren CW, Smith JC, Rochat RW , Martinez R	Global	Puerto Rico		SRH		SRH			Family Planning
	Maternal mortality in Addis Ababa, Ethiopia.	*Kwast BE, Rochat RW	Global	Ethiopia		MCH		MCH		Maternal mortality	
	Contraceptive Sterilization in Puerto Rico	*Warren CW, Westoff CF, Herold JM, Rochat RW , Smith JC	Global	Puerto Rico		SRH		SRH			Sterilization
1987	A thirty-year review of maternal mortality in Oklahoma, 1950 through 1979.	Moses, Vijayakumar, Persio, Sara Reed, Lorenz, Dick, Oberle, Mark W, Rochat, Roger , Fermo, Aurora	USA		Oklahoma		MCH	MCH		Maternal mortality	
	Proximate determinants of fertility and policy implications in Beijing.	*Wang S, Chen Y, Chen CHC, Rochat RW , Chow LP, Rider RV.	Global	China		SRH		SRH			Fertility
	Maternal Mortality: A Global Perspective	Rochat RW	Global	Global		MCH		MCH		Maternal mortality	
1988	Slowing the Stork: Better Health for Women through Family Planning	Measham AR, Rochat RW	Global	Global		SRH		SRH			Family Planning
	Maternal mortality in the United States: report from the maternal mortality collaborative.	* Rochat RW , Koonin LM, Atrash HK, Jewett JF	USA		USA		MCH	MCH		Maternal mortality	
	Sterilization regret among Puerto Rican women.	*Boring CC, Rochat RW , Becerra J.	Global	Puerto Rico		SRH		SRH			Sterilization Regret

	Maternal mortality surveillance, United States, 1980-1985.	CDC, Koonin LM, Atrash HK, Rochat RW , Smith JC	USA		USA			MCH		Maternal mortality	
	Reproductive Mortality in Lusaka, Zambia 1982-1983	*Mhango C, Rochat RW .	Global	Zambia		MCH	MCH	MCH		Maternal mortality	Hospital
1990	Infant Health in Georgia: Progress during the 1980s.	Floyd VD, Mayer L, Rochat RW .	USA		Georgia		MCH	MCH		Infant/Neonate	March of Dimes
1991	Pregnancy-related mortality in New York City, 1980 to 1984: Causes of death and associated risk factors.	*Syverson CJ, Chavkin W, Atrash HK, Rochat RW , Sharp ES, King GE.	USA		New York		MCH	MCH		Maternal Mortality	Maternal Risk
	Reproductive Health Statistics In Romania	Rochat, RW	Global	Romania		MCH		MCH		Maternal Mortality	
	National trends in the Incidence of Abruptio Placentae, 1979-1987.	*Saftlas AF, Olson OR, Atrash R, Rochat RW , Rowley D	USA		USA		MCH	MCH		Pregnancy Complications	
1992	Evaluation of an Intervention to Reduce Playground Hazards in Atlanta Child-Care Centers.	*Sacks, JJ, Brantley MD, Holmgreen P, Rochat RW	USA		Georgia		MCH	MCH		Child Health and Safety	
1995	Two Techniques for evaluating the accuracy of record linkages	*Griffin GW, Gaudino JA, Rochat RW	USA		Georgia		Record Linkage	Record Linkage			
	Birth Certificates as a Source for Fetal Alcohol Case Ascertainment--Georgia, 1989-1992.	*Mathis MP, (Rochat RW), Lavoie M, Hadley C, Toomey K	USA		Georgia		MCH	MCH		Prenatal Substance Use	
1996	Among women with late initiation of prenatal care, does earlier care in the next pregnancy make a difference in birthweight?	Adams M, H Wilson, R Rochat	USA		Georgia		MCH	MCH		Prenatal Care	
	Can Paramedics in Bangladesh Perform Menstrual Regulation Safely and Effectively?	Akhter H, Zahniser C, Ahmed G, Rochat R , Mandel M	Global	Bangladesh		Abortion		Abortion	Safe Abortion		

	Population-Based Prevalence of Perinatal Exposure to Cocaine--Georgia, 1994	*Brantley M, Rochat R , Floyd V, Norris D, Franko E, Blake P, Toomey K, Fernhoff, Ziegler B, Mayer L	USA	Georgia		MCH	MCH		Prenatal Substance Use		
	Pregnancies and Pregnancy Consequences Averted in the U.S. and Georgia by Teenagers who are Abstinent or Using Contraceptives	Kahn, James G., Brindis, Claire D, Gleib, Dana, Rochat, Roger	USA	Georgia		SRH	SRH			Family Planning	Contraception
	Knowledge about Folic Acid and Use of Multivitamins Containing Folic Acid Among Reproductive-Aged Women--Georgia 1995	*Serbanescu F, Rochat R , Floyd V, Toomey K	USA	Georgia		MCH	MCH		Prenatal risks		
	Georgia Women's Health Survey--1995: Preliminary Report	Serbanescu F, Rochat R	USA	Georgia		SRH	SRH		unintended pregnancy, contraception, abortion	unintended preg, contraception, abortion	
1997	Prenatal Smoking in Two Consecutive Pregnancies in Georgia, 1989-1992	*Dietz PM, Adams M, Rochat RW , Mathis MP	USA	Georgia		MCH	MCH		Prenatal Substance Use		
	The PRAMS Working Group, Delayed Entry into Prenatal Care: Effect of Physical Violence.	*Dietz PM, Gazmararian JA, Goodwin MM, Bruce FC, Johnson CH, Rochat RW	USA	USA		MCH	MCH		Prenatal care		Domestic Violence
	Patterns of Prenatal Care Initiation in Georgia, 1980-1992	*Elam-Evans LD, Adams MA, Delaney KM, Wilson HG, Rochat RW , McCarthy BJ	USA	Georgia		MCH	MCH		Prenatal care		
	The Challenge of Change: A Mid-Decade Look at Maternal and Child Health in Georgia (Two volumes)	Floyd V, Mayer L, Rochat R	USA	Georgia		MCH	MCH		Epidemiology		

Quality Assessment of Fetal Death Records in Georgia: A Method for Improvement	*Gaudino JA, Blackmore-Prince C, Yip R, Rochat RW	USA		Georgia		MCH	MCH		Fetal Death	
An Evaluation of the Use of Dried Blood Spots from Newborn Screening for Monitoring the Prevalence of Cocaine Use among Childbearing Women.	*Henderson LO, Powell MK, Hannon WH, Bernert, JT Jr., Pass KA, Fernhoff P, Ferre CD, Martin L, Franko E, Rochat RW , Brantley MD, Sampson E	USA		Georgia		MCH	MCH		Prenatal Substance Use	Cocaine
Population-Based Prevalence of Perinatal Exposure to Cocaine in Georgia, 1994	Rochat RW , Brantley M, Floyd V, Norris D, Franko E, Blake P, Toomey K, Fernhoff, Ziegler B, Mayer L, Henderson O, Hannon H, Martin L, Ferre C	USA		Georgia		MCH	MCH		Prenatal Substance Use	Cocaine
Evaluation of Perinatal Case Management in Georgia 1991-1994	Tierney E, Rochat RW , Einbender S, Hadley C, Jones B	USA		Georgia		MCH	MCH		Prenatal risks	
HbsAg Screening Among Pregnant Women Who Use Medicaid to Pay for Delivery	Tierney E, Yusuf H, Rochat RW , Einbender S, Monkus P, Chaney M	USA		Georgia		MCH	MCH		Prenatal Infectious Disease	

1998	Population-based Prevalence of Cocaine in Newborn Infants—Georgia, 1994	Brantley MD, Rochat RW , Ferre CD, Martin ML, Henderson LO, Hannon WH, Ziegler BJ, Fernhoff PM, Mayer LM, Franko EA, Floyd VD, Sampson EJ, Erickson DJ	USA	Georgia	MCH	MCH	Prenatal Substance Use	Cocaine
	Lifetime and Annual Incidence of Intimate partner Violence and resulting injuries—Georgia, 1995	Buehler J, Dixon B, Toomey K, Division of Reproductive Health [Serbanescu F, Rochat R], Family and Intimate Violence Prevention Team, Div of Violence Prevention [....] and an EIS Officer (Martie Thompson):	USA	Georgia	MCH	MCH	Domestic Violence	
	Differences in the Risk of Homicide and Other Fatal Injuries between Postpartum Women and Other Women of Childbearing Age: Implications for Prevention	*Dietz PM, Rochat RW , Thompson BL, Berg CJ, Griffin G	USA	Georgia	MCH	MCH	Maternal Mortality	Domestic Violence
	Child fatality review in Georgia: A young system demonstrates its potential for identifying preventable childhood death.	*Luallen JJ, Rochat RW , Smith SM, O'Neil J, Rogers MY, Bolen JC.	USA	Georgia	MCH	MCH	Child Health and Safety	
	Trends and Predictors of Infant Sleep Positions in Georgia, 1990-1995	*Saraiya M, Serbanescu F, Rochat RW , Berg C, Iyasu S, Gargiullo P	USA	Georgia	MCH	MCH	Infant/Neonate	Infant Sleep

1999	State-specific maternal mortality among black and white women—United States, 1987-1996	*Danel I, Rochat RW , Kendrick J	USA		USA		MCH	MCH		Maternal Mortality		Race	
	No Father's Name: A Risk Factor for Infant Mortality in Georgia	*Gaudino JA, Jenkins B, Rochat RW	USA		Georgia		MCH	MCH		Infant/Neonatal Mortality			
	Observations from the CDC: Developing Maternal and Child Health Epidemiology Capacity in State and Local Health Departments	* Rochat RW , Atrash H, Handler A	USA		USA		MCH	MCH		Epidemiology		Program Evaluation	
	Tetanus and pregnancy-related mortality in Bangladesh, Research Letter	* Rochat RW , Akhter HH	Global	Bangladesh			MCH		MCH		Maternal Mortality		Infectious Disease
	Maternal Cigarette Smoking During Pregnancy and Invasive Meningococcal Disease: A Cohort Study Among Young Children in Metropolitan Atlanta, 1989	*Yusuf H, Rochat R , Baughman W, Gargiullo PM, Perkins B, Brantley M, Stephens D	USA		Georgia		MCH	MCH			Prenatal Substance Use		Tobacco
2000	The Check Box: Determining Pregnancy Status to Improve Maternal Mortality Surveillance	*MacKay AP, Rochat RW, Smith JC, Berg CJ	USA		USA		MCH	MCH		Maternal Mortality		Surveillance	
	Injury-related deaths among women 10-50 years of age in Bangladesh, 1996-97	*Yusuf HR, Akhter HH, Rahman MH, Chowdhury MK, Rochat RW	Global	Bangladesh			MCH		MCH		Suicide	Mortality	

2001	Missed Opportunities for Congenital Syphilis Prevention in an Urban Southeastern Hospital	*Warner DL, Rochat RW , Fichtner RR, Stoll BJ, Nathan L, Toomey KE	USA		Georgia		MCH	MCH		Prenatal Infectious Disease		Congenital syphilis
	Obstetric deaths in Bangladesh, 1996-1997	Rahman H, Akhter H, Chowdhury, Yusuf H, Rochat RW	Global	Bangladesh			MCH	MCH		Maternal Mortality		Survey
2003	The Measurement and Meaning of Unintended Pregnancy: A Review and Critique	Santelli J, Rochat RW , Hatfield-Timajchy K, Gilbert BC, Curtis K, Cabral R, Hirsch J, Schieve L, and other members of the Unintended Pregnancy Working Group	USA		USA		SRH	SRH				Unintended Pregnancy
2004	Enhanced Pregnancy-Associated Mortality Surveillance--Minnesota, 1990-1999	Baker N, Fogarty C, Stroud D, Rochat R	USA		Minnesota		MCH	MCH		Maternal Mortality		Surveillance
	Differences Between Mistimed and Unwanted Pregnancies Among Women Who Have Live Births	D'Angelo D, Colley Gilbert B, Rochat R , Santelli J	USA		USA		MCH	MCH		Wanted/Unwanted pregnancy		
2006	The influence of observation and setting on community health workers' treatment practices	Rowe SY, Olewe MA, Kleinbaum DG, McGowan JE, McFarland D, Rochat R , Deming MS.	Global	Kenya			Community health workers	Community health workers				
2007	Causes of death among women aged 10-50 years in Bangladesh, 1996-1997	Hussain R, Yusuf, Halida H. Akhter, Mahbub Elahi Chowdhury, and Roger W. Rochat	Global	Bangladesh			MCH	MCH		Maternal Mortality		

	Longitudinal analysis of community health workers' adherence to treatment guidelines, Siaya District, Kenya, 1997-2002	Rowe SY, Kelly JM, Olewe MA, Kleinbaum DG, McGowan JE, McFarland DA, Rochat R , Deming MS	Global	Kenya		Community health workers		Community health workers			
2008	Men's Involvement in Family Planning in Rural Bangladesh	Clark, Jill, Yount, Kathryn, Rochat, Roger	Global	Bangladesh		SRH		SRH			Family Planning
	<u>Special Issue: Research for Maternal and Child Health Practice in American Indian and Alaska Native Communities</u>	Myra J. Tucker, Roger Rochat , Melissa Adams, and Milton Kotelchuck	USA		USA		MCH	MCH		American Indians/Alaska Natives	
	The Challenges of Conducting Research to improve the Health of American Indians and Alaska Natives	Rochat RW	USA		USA		Research	Research			
	<i>Maternal and Child Health Epidemiology in State Health Agencies: Guidelines for Enhanced Functioning</i>	Rosenberg D, Kennelly J, Herman-Roloff A, Rochat R , Handler A	USA		USA		MCH	MCH		Epidemiology	
	Use of efficacious contraception among displaced and nondisplaced women in Bogotá, Colombia	K. A. Thomson, M. E. Zotti, S. L. De Jesus, R. Rochat	Global	Columbia		SRH		SRH			Contraception
2009	Evaluating completeness of maternal mortality reporting in a rural health and social affairs unit in Vellore, India, 2004'	Kim S, Rochat R , Rajaratnam A, DiGirolamo A	Global	India		MCH		MCH		Maternal Mortality	Rural health
2010	Perinatal Regionalization for Very Low-Birth-Weight and Very Preterm Infants: A Meta-analysis	S. M. Lasswell, W. D. Barfield, R. W. Rochat , and L. Blackmon	USA		USA		MCH	MCH		Epidemiology	Birthweight

	Chlamydia screening of adolescent females: a survey of providers in Hawaii	McGrath, Chika Muto; Katz, Alan R; Lee, Maria Veneranda C.; Rochat, Roger W	USA		Hawaii		SRH	SRH			Screening	STI Screening
2011	Just in time: so your baby's care is right on time: is your child "AT RISK" for hearing loss?,	DeSisto C, McDonald J, Rochat R	USA		USA		MCH	MCH		Child Health and Safety		Hearing screening
	Barriers to cervical cancer screening in Mulanje, Malawi: a qualitative study	Fort Victoria K, Makin Mary Sue, Siegler Aaron J, Ault Kevin, Rochat Roger	Global		Malawi		SRH	SRH			Screening; Barriers to access	Cervical Cancer Screening
	Contraceptive Use Among Clients of the Atlanta Feminist Women's Health Center at Three to Five Weeks Post-Abortion	Moslin TA, Rochat RW	USA		Georgia		Abortion	Abortion	Contraception			
	Maternal Influenza Immunization and Reduced Likelihood of Prematurity and Small for Gestational Age Births: A Retrospective Cohort Study	Omer Saad B., David Goodman, Mark C. Steinhoff, Rochat, Roger , Keith P. Klugman, Barbara J. Stoll, Usha Ramakrishnan	USA		Georgia		MCH	MCH			Prenatal Infectious Disease	Infectious Disease
	Maternal and Child Health Epi-Aid Investigations, 1946-2005	Rochat RW , Heath CW, Chu S, Marchbanks P	USA		USA		MCH	MCH			Epidemiology	
	The abortion debate in Mexico: Newspaper coverage and discourse 2001-2003	Vala-Haynes E, Stephenson R, Rochat R , Yam EA, Rosas LG and Garcia SG	Global		Mexico		Abortion	Abortion	Media Coverage			

2012	<p><i>Women's experiences of and perspectives on abortion at public facilities in Mexico City three years following decriminalization.</i></p>	<p>Claudia Diaz Olavarrieta, Sandra G. Garcia , Angelica Arangure , Vanessa Cravioto, Aremis Villalobos, Roula AbiSamra, Roger Rochat, Davida Becker</p>	Global	Mexico		Abortion		Abortion	Patient experience		
	<p>Patients' experiences of first-trimester abortion in public facilities in Mexico City: a mixed-methods study 3 years after decriminalization.</p>	<p>AbiSamra R., R Rochat, C Diaz, V. Cravioto, O. Gomez, S. Garcia, P.Sanhueza</p>	Global	Mexico		Abortion		Abortion	Patient experience		
2013	<p>The GEMMA Seminar: A graduate public health course on Global Elimination of Maternal Mortality from Abortion</p>	<p>Lathrop Eva, Rochat R</p>	USA		Georgia		Abortion	Abortion	Academics		Academics
	<p>Is Obesity Still Increasing among Pregnant Women? Prepregnancy Obesity Trends in 20 States, 2003-2009</p>	<p>S. C. Fisher; S. Y. Kim; Andrea J Sharma; R. Rochat; B. Morrow</p>	USA		USA		MCH	MCH		Prenatal risks	
2014	<p><u>"At the end of the day it was my decision": Abortion Decision-Making Among Women in the Western Cape, South Africa</u></p>	<p>Anderson, Jaynia A.; Pamela Naidoo; Monique Hennink; Roger Rochat</p>	Global		South Africa		Abortion	Abortion	Patient experience		
	<p>The Hidden Problem of Illegal Abortions in Thailand</p>	<p>Chinthakanan Orawee, Rochat Roger W, Morakote Nuntana, Chaovisitserree Somsak</p>	Global		Thailand		Abortion	Abortion	Law		

	Decision-making about method of delivery on the U.S.-Mexico border.	DeSisto, Carla L., Jill McDonald, Roger Rochat , Beatriz A. Diaz-Apodaca, Eugene DeClercq,	US Mexico Border				MCH		Delivery method	
	Malnourished Children in Refugee Camps and Lack of Connection with Services after US Resettlement	Lutfy, Caitlyn, Susan Cookson, Roger Rochat	USA	USA		MCH	MCH		Child Health and Safety	malnutrition
	Concordancia entre informacoes do SISPRENATAL e o recordatorio materno em relacao a idade gestacional no momento do inicio do cuidado pre-natal Agreement between SISPRENATAL and mother's recall for gestational age at prenatal care initiation"	Lucio Rodrigues Verani, José A. Ferreira, Roger William Rochat , Michelle Oliveira, Teodoro Amorim, Amanda Jiran, Juan Shedan Leon	Global	Brazil		MCH	MCH		Prenatal care	Gestational Age
	Factors associated with receiving treatment for dental decay among Medicaid-enrolled children younger than 12 years of age in Iowa, 2010.	Zilversmit L, Kane D, Rochat R , Rodgers T, Russell B	USA	Iowa		MCH	MCH		Child Health and Safety	Dental
2015	First Trimester Initiation of Prenatal Care in the US-Mexico Border Region	Jill A. McDonald, Brittany Argotsinger, Octavio Mojarro, Roger Rochat , Anup Amatya	US Mexico Border				MCH		Prenatal Care	
	"Siempre me critican": barriers to reproductive health in Ocotal, Nicaragua.	Luffy SM, Evans DP, Rochat RW	Global	Nicaragua		SRH	SRH			Access barriers
	"It is better if I kill her": Perceptions and opinions of violence against women and femicide in Ocotal, Nicaragua after Law 779"	Luffy SM, Evans DP, Rochat RW	Global	Nicaragua		MCH	MCH		Domestic Violence	Law

	Obstetrician Opinions of a 2012 Georgia Law Limiting Late Second-Trimester Abortions	Pasteur Nicole Marie, Lisa B Haddad, Eva Hamilton Lathrop, Roger W Rochat	USA		Georgia		Abortion	Abortion	Physician attitudes			Law	
	Can abortion mortality be eliminated? We believe the answer is yes	Rochat, Roger W	Global	Brazil		Abortion		Abortion	Advocacy				
2016	Global burden of maternal and congenital syphilis in 2008 and 2012: a health systems modelling study	Wijesooriya N.Saman, Rochat Roger W , Kamb Mary L., Turlapati Prasad, Temmerman Marleeen, Broutet Natalie, Newman Lori M	Global	Global		MCH		MCH		Prenatal Infectious Disease		Congenital syphilis	
	"Understanding Female Condom Use and Negotiation among Young Women in Cape Town, South Africa"	Martin, Julia; De Lora, Patsy; Rochat, Roger ; Andes, Karen	Global	South Africa		SRH		SRH			Contraception	Female condom	
	Commentary on Obstetric Care in Rural Georgia	Rochat, Roger	USA		Georgia		MCH	MCH		Advocacy			
	Georgia Maternal and Infant Health Research Group (GMIHRG): Mobilizing allied health students and local partners to put data into action	Adrienne D. Zertuche, Bridget Spelke, Zoe Julian, Meredith Pinto, Roger Rochat	USA		Georgia		MCH	MCH			Rural obstetrics		
	Obstetric Provider Maldistribution – Georgia, 2011	Bridget Spelke ¹ , Adrienne Zertuche ² , Zoë Julian ¹ , Roger Rochat ²	USA		Georgia		MCH	MCH			Rural obstetrics		

	Working towards safe motherhood: Delays of and barriers to prenatal care for women in rural and peri-urban areas of Georgia	Erika Meyer ¹ ; Monique Hennink ¹ ; Roger Rochat ^{1,2} ; Zoe Julian ^{1,2} ; Meredith Pinto ¹ ; Adrienne Zertuche ^{1,2,3} ; Bridget Spelke ¹	USA	Georgia		MCH	MCH		Rural obstetrics	Rural obstetrics
	Bridging the gaps in care: Perspectives of obstetric service delivery providers on challenges and core components of care outside Metropolitan Atlanta, Georgia	Meredith Pinto, Roger Rochat , Monique Hennink, Adrienne Zertuche, Bridget Spelke	USA	Georgia		MCH	MCH		Rural obstetrics	physician attitudes
	Obstetric Provider Trainees in Georgia: Characteristics and Attitudes about Practice in Obstetric Provider Shortage Areas	Elizabeth A. Smulian ¹ , Leilah Zahedi ² , Julie Hurvitz ² , Abigail Talbot ^{1,2} , Audra Williams ^{1,2} , , Zoë Julian ^{1,2} , Adrienne Zertuche ^{1,2,4} , Roger Rochat ^{1,4}	USA	Georgia		MCH	MCH		Rural obstetrics	physician attitudes
	“The Fetus Is My Patient, Too”: Attitudes Toward Abortion and Referral Among Physician Conscientious Objectors in Bogotá, Colombia.	Fink, L., Stanhope, K., Rochat, R. , & Bernal, O.	Global	Columbia	Abortion		Abortion	Physician attitudes		
	Physician opinions concerning legal abortion in Bogota, Colombia	Stanhope K, Rochat R , Fink L, Richardson K, Brack C, Comeau D	Global	Columbia	Abortion		Abortion	Physician attitudes		

2017	<i>Validation of A Pregnancy Planning Measure for Arabic-Speaking Women,</i>	Almaghaslah Eman, Roger Rochat , Ghada N. Farhat	Global	Saudi Arabia	MCH	MCH	Wanted/Unwanted pregnancy	LMUP
	<i>“It’s a race against the clock”: A Qualitative Analysis of Barriers to Legal Abortion Access in Bogota, Colombia.</i>	Brack, Chelsey, Oscar Alberto Bernal Acevedo, Roger Rochat	Global	Columbia	Abortion	Abortion	Access	
	<i>Public Health Implications of Complex Emergencies and Natural Disasters</i>	Culver Amanda, Roger Rochat , Susan T. Cookson	Global	Global	Natural Disasters	Natural Disasters		Complex Emergency
	<i>From Albania to Zimbabwe: Ten Years Surveying Global Health Field Experiences at the Rollins School of Public Health</i>	Evelyn Howatt, Roger Rochat , Deborah McFarland, Carlos Del Rio	Global	Global	Academics	Academics		Field Experience
	<i>Decline in semen parameters of Bangladeshi males attending a tertiary care hospital from 2000-2016</i>	Mahmud, Nusrat; Sharmin, Eshita; Md. Arif Mamun, Zayan Shamayeen, Natalie Rivadeneira, Rochat Roger , Akansha Mehta	Global	Bangladesh	SRH	SRH	Fertility	Male fertility
2018	<i>“Give what the people want”: A situational analysis of condom distribution and feasibility study of fitted male condoms in Cape Town, South Africa</i>	Baker, Helen; Fried Ana, Allandise Cloete, Cody Sigel, Danielle Miranda, Jose Guillen, Roger Rochat , Aaron Siegler	Global	South Africa	SRH	SRH	Contraception	Male condoms
	<i>Correlates of Disclosure of Sexual Violence among Kenyan Youth</i>	Boudreau, Courtney L., Howard Kress, Roger W. Rochat , Kathryn M. Yount	Global	Kenya	SRH	SRH	Sexual Violence	

	<i>Is Abortion included in Maternal and Child Health Curricula in the United States?</i>	Burns, Meredith, Roger Rochat , Amy G. Bryant, Kathryn Andersen	USA		USA		Academic s	Academics				MCH + Abortion
	<i>Evaluating the Feasibility and Acceptability of Sending Pregnancy and Abortion History Surveys through SMS Text Messaging to help reach Sustainable Development Goal 3,</i>	Leidich, Aimee, J Arcara, R Jayaweera, C Chalker, R Rochat	Global	Kenya		Abortion		Abortion	Research			
2019	“It is a question of determination”: a case study of monitoring and evaluation of integrated family planning services in urban areas of Togo	Baker, H., Rochat, R. , Hepburn, K., Hennink, M., Thiam, M., Guede, C., Amegan, E., Fombo, K.,	Global	Togo		SRH		SRH			Family Planning	Child health
	"Give what the people want": A situational analysis of condom distribution and a feasibility study of user-friendly condoms in Cape Town, South Africa	Baker, H., Fried, A., Cloete, A., Sigel, C., Miranda, D., Guillen, J., Rochat, R. , & Siegler, A.	Global	South Africa		SRH		SRH			Contraception	Male Condoms
	<i>“Regardless, you are not the first woman”: A case study of missed opportunities to protect sexual and reproductive health and rights.</i>	Luffy, Samantha M; Evans, Dabney P; Rochat, Roger	Global	Nicaragua		Abortion		Abortion	Access			
	<i>Protecting Life in Global Health Assistance? Towards a framework for assessing the health systems impact of the expanded Global Gag Rule</i>	Schaaf, Marta, Emily Maistrellis, Hana Thomas, Bergen Cooper, and the GGR Research Working Group	Global	Global		Abortion		Abortion	Access			

	<i>"I have no choice": Influences on Contraceptive Use and Abortion among women in the Democratic Republic of the Congo</i>	Swanson, Jennifer M., Monique M. Hennink, Roger W. Rochat	Global	Democratic Republic of the Congo	Abortion		Abortion	Patient experience			
	Associations between hospital maternal service level and delivery outcomes	Vanderlaan Jennifer, Roger Rochat , Bryan Williams, Anne Dunlop, Susan Shapiro	USA	Georgia		MCH	MCH		Rural obstetrics		
	Methodology for sampling women at high maternal risk in administrative data	Vanderlaan, J., Dunlop, A., Rochat, R. et al	USA	USA		MCH	MCH		Maternal risk		
2020	Integrated Family Planning and Routine Child Immunization Services in Benin: A Process Evaluation.	Erhardt-Ohren, B., Schroffel, H. & Rochat, R.	Global	Benin	SRH		SRH			Family Planning	
	<i>Context Matters: using mixed methods to provide an accessible and integrated visual for qualitative and quantitative data, Evaluation and Program Planning</i>	Newton-Levinson, Anna, Megan Higdon, Jessica Sales, Laurie Gaydos, Roger Rochat,	USA	Southeast US		Program Planning	SRH			Program Planing	Planned Parenthood
	Comparison of Women from Georgia and Contiguous States Who Obtained Abortions in Georgia, 1994–2016.	Shapiro, R., Erhardt-Ohren, B. & Rochat, R.	USA	Southeast US		Abortion	Abortion	Access			
	"I'd rather use a refuse bag:" A qualitative exploration of a South African community's perceptions of government-provided condoms and participant preferred solutions"	Shrader, Cho-Hee, Kenisha Peters Jefferson, Mariano Kanamori, Roger Rochat, Aaron Siegler	Global	South Africa	SRH		SRH			Contraception	Male Condoms

	Abortion Trends in Georgia following Enactment of the 22-Week Gestational Age Limit, 2007 to 2017,	Kelli Stidham Hall, Hartwig, Sara Redd; Subasri Narasimhan; Elizabeth A Mosley; Emily Lemon; Erin Berry; Haddad, Lisa; Eva Lathrop ; Roger Rochat ; Carrie Cwiak	USA		Georgia		Abortion	Abortion	Restrictions			law
	Gender equality in global health leadership: Cross-sectional survey of global health graduates	Kathryn M. Yount, Yuk Fai Cheong, Stephanie S. Miedema, Julia S. Chen, Elizabeth Menstell, Lauren Maxwell, Usha Ramakrishnan, Cari Jo Clark, Roger Rochat & Carlos del Rio	USA		Georgia		Academic s	Academics				Gender equality
2021	<u>“No one does this for the money or lifestyle”</u> : Abortion providers’ perspectives on factors affecting workforce recruitment and retention in the southern United States.	Pari Chowdhary, Anna Newton-Levinson, Roger Rochat	USA		Southeast US		Abortion	Abortion	Physician attitudes			
	<i>Influences on women’s care-seeking at Planned Parenthood health centers in the South</i>	<i>Anna Newton-Levinson, Megan Higdon, Roger Rochat, Sarah C. Blake, Michael Kramer, Andrea Swartzendruber, Jessica M. Sales,</i>	USA		Southeast US		SRH	SRH			Planned parenthood	

	<p>Racial and Ethnic Abortion Disparities Following Georgia's 22-Week Gestational Age Limit</p>	<p>Elizabeth A. Moseley, Sara Redd, Emily Lemon, Sophie A. Hartwig, Subasri Narasimhan, Erin Berry, Eva Lathrop, Lisa B. Haddad, Roger Rochat, Carrie Cwiak, Kelli Stidham Hall</p>	<p>USA</p>		<p>Georgia</p>		<p>Abortion</p>	<p>Abortion</p>	<p>Law</p>			
	<p><i>Health Services or Sins: A Qualitative Study of American Millennial Catholics' Attitudes toward Hormonal Contraception and Abortion "</i></p>	<p>Sabrina Madni, MPH; Elizabeth Reisinger Walker, PhD, MPH; Roger Rochat, MD</p>	<p>USA</p>		<p>USA</p>		<p>Abortion</p>	<p>Abortion</p>	<p>Religion</p>			

Appendix 2: Codebook for Analysis of Interviews with Roger Rochat and Key Informants

Theme	Code	Definition	Exclusion Criteria	Example
<p>Personality Attributes</p>	<p>Relationships</p>	<p>This code is used when an interviewee notes Dr. Rochat's nature of forming bonds with many individuals. It includes when Rochat and other interviewees discuss his friendships, work relationships, and ability to facilitate connections. This code does not include references to a specific time when Rochat was acting as a mentor, but it may include mention of someone Rochat mentored in the past.</p>	<p>This code does not include references to a specific time when Rochat was acting as a mentor, but it may include mention of someone Rochat mentored in the past.</p>	<p><i>"...With Roger it's different... He looks at more the personal relationship before he looks at the professional. I think you know that if you deal with him. He cares about you as much as he cares about your work."</i></p>
	<p>Ethics and Kindness</p>	<p>This code includes mentions of Rochat's compassion and kindness. This includes mentions of how key informants view Rochat's personality and actions. It also includes statements made by Rochat on his own beliefs</p>		<p><i>"I think one of the things about Roger is he's not only very serious, and a hard worker, but it's clear early on that he has a real moral compass. And so when you get someone with a knowledge, moral compass working on a problem as difficult as abortion, that makes a difference."</i></p>
	<p>Commitment</p>	<p>This code includes participants' and Rochat's mention of dedication to his field. This includes mentions of when he may have gone against the grain because he felt passionately about what he was doing. This also includes mentions of</p>		<p><i>It takes more in many ways, a much more concerted intellectual perspective and dedication to do the kinds of things that don't get you rewarded. Most doctors think they're going to be either with money or with patient adulations. I think that's part of it. That, and he wouldn't... There must have been something in him that he sort of knew this as he got started in that [public health]</i></p>

		Rochat’s commitment to good public health work.		<i>and had enough of that big picture perspective that he didn't need what most of us [physicians] seem to need in terms of actual day to day clinical satisfaction.</i>
Influences	Childhood/Upbringing	This code includes when experiences from Dr. Rochat's childhood are discussed that impacted the person he would become. This includes stated meaningful experiences, the environment in which he was raised, stories of his mother and father and their personalities, and relationships with his siblings in his youth.	This code does not include topics after Rochat left his family home to pursue higher education.	<i>“It was a fairly strict upbringing, but at the same time, I never questioned my parents’ love for us as children.”</i>
	Religion	This code includes passages where religion is discussed influencing Roger's career, thought process, and life choices. This includes mention of the religion in which he was raised as well as how religion impacted his life as an adult.		<i>“...some members of my group came and called a special meeting and said I should either quit my job at CDC or quit the group. It was [an]interesting discussion because I said even if I stop talking on the issue, my heart wouldn't change in terms of my beliefs and my values. In any case, I quit the group.”</i>
	Education	This code is used when an interviewee discusses how Dr. Rochat's experiences in his own education impacted his life.	This code excludes passages where Dr. Rochat is acting as an educator.	<i>I think... just like being able to work when I was in high school and younger ages took me out of the home and out of one strict environment, if you will, in an acceptable way, going to college was the same thing. I could go on and get an education. No one felt I was doing anything bad. But in fact, my life was changing. My mind, my heart, my interest were moving on in a very liberating way.</i>

	<p>Work</p>	<p>This code is used to describe when work that Dr. Rochat is doing has an impact on him in a way that alters his thought processes, leads him to follow specific paths, or is otherwise very meaningful to him in his career.</p>		<p><i>“I think it was extremely useful to do abortions, to realize what a simple act it is, what low morbidity, low mortality... And how important it is [in] the lives of these women. And that stayed with me.”</i></p>
	<p>Mentors</p>	<p>This code is used for when the interviewee discusses those who either Rochat says he viewed as mentors or other's mentioned as having an impact in his life, career, and choices.</p>		<p><i>“Carl Tyler had an amazing ability to take in people into the organization unit and get them to do good work. And they were often people who weren't acceptable elsewhere within CDC because of their political issues or whatever.”</i></p>
	<p>Politics</p>	<p>This code is used to describe when politics have played a role in Dr. Rochat's career, his own views, and life choices. This includes instances where he reflects how politics were involved in a past scenario, how he views policy having been affected by politics, and how research and the ability to do research was affected by politics.</p>		<p><i>“All of his years at CDC, for many of which he was under administrations that were much more liberal until Reagan, I imagine. It wasn't until Reagan came into office when the real tide started to shift around the anti-abortion movement, which was very, very steady starting in the mid 80s, obviously, to what it is now.”</i></p>
	<p>Marriage and Fatherhood</p>	<p>This code includes passages in which the interviewee discusses how Dr. Rochat's wife (Susan) and/or children have affected his choices, career, attitudes.</p>		<p><i>It's hard for me to imagine having lived my life without her... She's as essential to me as being able to eat a meal... And I think it's for reasons that would be hard to explain and much harder for others to understand... But to the extent that you're able to appreciate the conservative narrow</i></p>

				<i>background that I came from, and her willingness to accept me in that. And then to accept me as I evolved in life. It's just been phenomenal for me.</i>
Legacy	Public Health and SRH	This code is used when an interviewee discusses projects, studies, research, education, and work in general that Dr. Rochat has done that contributed to the field of sexual and reproductive health. This includes work from his time at CDC, Emory, and outside of those two aspects of his career.		<i>“I think being a part of the legalization of abortion, whether or not in name or just in presence, I just feel like that is...I would imagine it's something to really hang your hat on.”</i>
	Academics	This code is used for mentions of Rochat’s contributions to the academic sphere. This includes contributions to Emory and Rollins in various leadership positions and courses.	This code does not include specific mention of mentorship in academics. This code does not include mentions of the GEMMA fund.	I knew that Dr. Foege saw him as a leader. When he announced he would assign five EIS officers to teach in the newly designated MPH program, Roger was the first to volunteer. Our MPH Program became fiscally independent. Indeed we have had fiscal independence ever since. All who knew Roger were very pleased indeed!!!
	Mentorship	This code is used any time it is discussed how Dr. Rochat has been a mentor. This includes statements by Rochat discussing general times he provided a mentor role, and specific instances he helped influence or guide someone. This also includes other interviewees	This does not include instances where Dr. Rochat himself was a mentee.	<i>“Roger goes beyond just the professional mentoring and relationship to more of social engagement and taking you on and helping people from all aspects of life, not just at school.”</i>

		discussing who Dr. Rochat has mentored themselves or others.		
	GEMMA	This code includes mentions of the GEMMA Fund, how it was established, what Rochat's intentions were in starting it, and the future of GEMMA.	This code does not include the GEMMA course, which is instead under the academic code.	<i>"In my interactions with students through the years, so many of them have either come to Rollins because of GEMMA or have been introduced to it during their time there, and it's really changed their trajectory. So I feel like his legacy in that way has already changed lives."</i>

Appendix 3: International Consultations and Travel of Roger Rochat

Region	Country	Year	Assignment
Caribbean	Haiti	1978	Evaluate Columbia University program
	Dominican Republic	2018	Consultation re: maternal mortality; propose SFE practicum
	Jamaica		
	Puerto Rico	1982	(multiple visits; Puerto Rico survey; supervise EIS officer; child thelarche study)
	Brazil	2016	
Latin America	Chile	1979	Presentation to Chile Ob Gyn Association
	Colombia	1977	PAHO meeting
	Costa Rica	1965	LSU 2 months Tropical Medicine Fellowship at Children's Hospital
	Guatemala	1979-1972	USAID consultation to develop national family planning record system
	Honduras	2001	Judith R Seltzer PI, USAID evaluation Measure Evaluation (can't verify year)
	Mexico	1978	Multiple trips related to US Mexico Border Survey
		2010	GEMMA EGHI team in Mexico City
	Nicaragua	2001	Judith R Seltzer PI, USAID evaluation Measure Evaluation (can't verify year)
Panama	1967	Worked as ships physician for US Coast Guard, New Orleans to Panama Canal Zone	
Europe	Romania	1991	Family planning, maternal mortality, institutionalized children
Middle East/ North Africa	Bahrain	1986	Multiple visits: with Hani Atrash; MCH Epi training
	Egypt	1977	USAID family planning evaluation with Joe Loudis
	Lebanon	1986	Visit Dr. Gangarosa and give lecture at UAB
	Saudi Arabia	1986	Consultation with FETP to recruit Ob Gyn to Emory MPH program
	Tunisia	1986	Consultation with AVS to establish minimum standards for sterilization faculties

Africa	Ghana	2001	Post Abortion Care Evaluation (USAID)
	Kenya	2001	Post Abortion Care Evaluation (USAID)
	South Africa	2011	Consultation maternal mortality; arranged by Jeff Freeman, MPH student
Asia	Afghanistan	1979	USAID: Evaluation family planning (for Joe Loudis)
	Bangladesh	1968	Cholera research Matlab
		1976-1978	National maternal mortality survey # 1
		1990	Ford Foundation consultation with Bud Harkavy
		1997	National maternal mortality survey # 2
		2003	Pathfinder: Evaluate cause of a woman's death
	India	1987-89	USAID
	Indonesia		Ford Foundation consultation with Bud Harkavy
	Nepal	1988	
	Pakistan	1995	USAID family planning evaluation
	Peoples Republic of China	1986-87	MCH Epid Training: Beijing,
	Philippines	1978	USAID supported Evaluation family planning at Iglesia ni Cristo
	Singapore	1990	Ford Foundation consultation with Bud Harkavy
	South Korea	1976	USAID closure support family planning evaluation
	Taiwan	1968	Multiple visits: cholera; maternal mortality from abortion
	Thailand	1990	Ford Foundation consultation with Bud Harkavy
	Vietnam	2005	Pathfinder evaluation medical school reforms on reproductive health