
BIOGRAPHICAL SKETCH

NAME: Joseph E. Potter

eRA COMMONS USER NAME: JEPOTTER

POSITION TITLE: Professor, Department of Sociology

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date MM/YYYY	FIELD OF STUDY
Yale University, New Haven, CT	BA	06/1968	Economics
Princeton University, Princeton, NJ	MPA	06/1973	Economics and Public Affairs
Princeton University, Princeton, NJ	PhD	06/1975	Economics

A. Personal Statement

For several decades I have been conducting research on fertility, reproductive health and contraceptive practice in Texas and Latin America. My work therefore fits in the PRC primary research area of Reproductive Health. I have served as P.I. on three major R01 funded projects. Work that I led with support from NICHD addressed the question of how to use spatial statistics and census data to analyze relations between fertility and development. A later NICHD-funded project compared the experiences of women who obtained oral contraceptives in clinics in El Paso to those who got their pills over the counter (OTC) in Ciudad Juárez, investigating the effects of moving the pill OTC in the US. Since 2011, I have served as the Principal Investigator of the Texas Policy Evaluation Project or TxPEP, which is an eight-year comprehensive effort to document and analyze the impact of drastic measures passed by the Texas state legislature which have led to severe restrictions on abortion access and dramatic cuts in state-funded family planning programs in Texas. I have been deeply involved in the research on the impact of abortion restrictions in Texas that was critical to the recent Supreme Court decision on *Whole Woman's Health*. I was also the senior author of a paper published in the *New England Journal of Medicine* on the impact of excluding Planned Parenthood from the *Texas Women's Health Program*.

My central research interest going forward is postpartum contraception. As part of TxPEP, I am leading a large prospective cohort study of 1,700 women recruited in six Texas cities in which we assess both the demand for and access to highly effective contraception in the 24 months following delivery. We have applied to NIH for funding with which to extend this work to California.

The PRC has played a vital role in my development as a population scientist. As the PI of grants from NIH and foundations, I rely heavily on the expertise and support of the Administrative Core to both submit and manage awards. The Scientific & Technical Core has been instrumental to the success of data collection supported by these grants, in terms of both design and execution, such as the aforementioned prospective study that involves tracking women over two years with multiple follow-up interviews.

B. Positions and Honors**Positions and Employment**

1970-1971 Capital Development Officer, US Agency for International Development, Panama
1975-1976 Research Associate, Office of Population Research, Princeton University, Princeton, NJ
1976-1976 Staff Associate, Center for Policy Studies, Population Council, New York City, NY
1976-1979 Staff Associate, International Review Group of Social Science Research on Population and Development, El Colegio de Mexico, Mexico City
1976-1983 Visiting Professor and Research Associate, Center for Studies of Demography and Urban Development, El Colegio de Mexico, Mexico City
1979-1983 Associate, Regional Office for Latin America and the Caribbean, Population Council, Mexico City
1983-1989 Associate Professor of Demography, Department of Population Sciences, Harvard School of Public Health, Cambridge, M
1989-Present Faculty Research Associate, Population Research Center, The University of Texas at Austin, TX

1989-Present Professor, Department of Sociology, The University of Texas at Austin, TX

Honors, Other Experience and Professional Memberships

1973-1975 Ritchie H. Reed Fellowship in Population and Economics, Population Council
1994-1996 Fulbright Scholar, University of Campinas, Brazil
1994-2000 Board of Directors, Population Communications International
1993-2000 Editorial Advisory Board, *International Family Planning Perspectives*
1996-2002 International Outreach Committee, Population Association of America
2004-2006 Board of Directors, Population Association of America
2002-2013 Editorial Advisory Board, *Estudios Demográficos y Urbanos*
2002-Present Editorial Advisory Committee, *Papeles de Población*
2015-Present Editorial Advisory Board, *Notas de Población*
2007 Member, Special Emphasis Panel for RFA addressing the “Role of Pregnancy in HIV Prevention”, NICHD, October 29, 2007.
2007-2009 Committee for Robert Lapham Prize, Population Association of America
2009-Present Nominating Committee, Society of Family Planning
2011 Member, Social Science and Population Studies: R03s, R15s, and R21s (ZRG1 PSE-H 80) Study Section, NIH, January 26-27, 2011.
2011 Member, Large Grants Review Committee, Society of Family Planning
2013-Present Memorial Committee, Population Association of America
2014-Present Board of Directors, Women’s Health and Family Planning Association of Texas
2015-Present Board of Directors, Society of Family Planning
2014 Briefed Deputy Director of NICHD on social and behavioral science on contraception
Present Member: Brazilian Population Studies Association, International Union for the Scientific Study of Population, Mexican Demographic Society, Population Association of America, Latin American Population Association, Society of Family Planning

C. Contributions to Science

1. Since the Fall of 2011, I have been involved in research to evaluate the impact of legislation enacted by the Texas Legislature in 2011 and 2013 affecting both funding for family planning and access to abortion care. To date, the main contributions to science include documenting the impact of the 2011 two-thirds cut in public funding for family planning on service providers with a paper in the *American Journal of Public Health* and later both a perspective and a special article in 2016 in the *New England Journal of Medicine*; establishing the impact on the provision of both medication and surgical abortion of the drastic restrictions included in HB 2 passed in 2013; and assessing the unmet demand for highly-effective contraception after delivery in Austin and El Paso.

- a. Amanda Jean Stevenson, Imelda M. Flores-Vazquez, Richard L. Allgeyer, Pete Schenkan, and **Joseph E. Potter**. 2016. Effect of Removal of Planned Parenthood from the Texas Women’s Health Program. *New England Journal of Medicine* [epub ahead of print]. PMC26836435.
- b. **Joseph E. Potter**, Kristine Hopkins, Abigail R. A. Aiken, Celia Hubert, Amanda J. Stevenson, Kari White, and Daniel Grossman. 2014. “Unmet demand for highly effective postpartum contraception in Texas.” *Contraception* 90(5):488-495. PMC4207725.
- c. **Joseph E. Potter**, Celia Hubert, Amanda Jean Stevenson, Kristine Hopkins, Abigail R. A. Aiken, Kari White, and Daniel Grossman. 2016. “Barriers to Postpartum Contraception in Texas and Pregnancy Within 2 Years.” *Obstetrics & Gynecology* 127(2): 289-296. doi:10.1097/ AOG.0000000000001201.
- d. Kari White, Kristine Hopkins, Abigail Aiken, Amanda Stevenson, Celia Hubert, Daniel Grossman, and **Joseph E. Potter**. “The impact of reproductive health legislation on family planning clinic services in Texas.” 2015. *American Journal of Public Health* 105(5): 851-858. PMC4386528.

2. With support from NICHD (R01-HD047816), we compared the experiences of women who obtained oral contraceptives in clinics in El Paso to those who got their pills over the counter (OTC) in Ciudad Juárez, taking advantage of the “natural experiment” that the setting provided for investigating the effects of moving the pill OTC in the US. Our research has answered important questions about the appropriate role of medical supervision in the provision of the pill. In addition, this study found that many women who use the pill in this setting would actually prefer to rely on a permanent method of contraception, particularly female

sterilization. Our findings about the safety and effectiveness of OTC pill use have been widely cited by professional organizations, including the American College of Obstetricians and Gynecologists, in their statements supporting removal of the prescription requirement for oral contraceptives.

- a. **Joseph E. Potter**, Sarah McKinnon, Kristine Hopkins, Jon Amastae, Michele G. Shedlin, Daniel A. Powers, and Daniel Grossman. 2011. "Continuation of Prescribed Compared With Over-the-Counter Oral Contraceptives." *Obstetrics & Gynecology* **117**(3): 551-557. PMC3606883.
- b. **Joseph E. Potter**, Kari White, Kristine Hopkins, Jon Amastae, and Daniel Grossman. 2010. "Clinic versus Over-the-Counter Access to Oral Contraception: Choices Women Make along the US-Mexico Border," *American Journal of Public Health* **100**(6): 1130-1136. PMC2866585.
- c. Daniel Grossman, Kari White, Kristine Hopkins, Jon Amastae, and Michele Shedlin, and **Joseph E. Potter**. 2011. "Contraindications to Combined Oral Contraceptives among Over-the-Counter Compared With Prescription Users." *Obstetrics & Gynecology* **117**(3): 558-565. PMC3619033.
- d. **Joseph E. Potter**, Kari White, Kristine Hopkins, Sarah McKinnon, Daniel Grossman, Michele Shedlin, and Jon Amastae. 2012. "Frustrated demand for sterilization among low-income Latinas in El Paso, Texas." *Perspectives on Sexual and Reproductive Health* **44**(4):228–235. PMC4406974.

3. Work that I led with support from NICHD (R01-HD041528) addressed the question of how to use spatial statistics and census data to analyze relations between fertility and development, with applications to Brazil. This project pioneered the use Bayesian and empirical Bayesian methods to estimate fertility rates for small areas, and to develop parameters for the fertility transition in small areas, while speaking to longstanding questions about the role of development and diffusion in fertility transitions.

- a. **Joseph E. Potter**, Carl P. Schmertmann, Renato Assunção, and Suzana M. Cavenaghi. 2010. "Mapping the Timing, Pace, and Scale of the Fertility Transition in Brazil." *Population and Development Review* **36**(2):283-307. PMC3562356.
- b. **Joseph E. Potter**, Carl P. Shmertmann, and Suzana M. Cavenaghi. 2002. "Fertility and Development: Evidence from Brazil." *Demography* **39**(4): 739-761.
- c. Carl P. Schmertmann, Suzana M. Cavenaghi, Renato Assunção, and **Joseph E. Potter**. 2013. "Bayes plus Brass: A New Procedure for Estimating Total Fertility in a Large Set of Small Areas from Sparse Census Data." *Population Studies* **67**(3): 255-273. PMC3806209.
- d. Carl P. Schmertmann, Renato Assunção, **Joseph E. Potter**. 2010. "Knox meets Cox: Adapting Epidemiological Space-Time Statistics to Demographic Studies." *Demography* **47**(3): 629-650.

4. A project that I led in Brazil with support from NICHD (R01-HD33761) involved a prospective study of women who were recruited early in pregnancy, and then re-interviewed a month before delivery, and again a month after delivery. The *BMJ* paper showed that, contrary to what many had assumed, Brazil's high cesarean rate was not due to patient demand, especially in the private sector. Additional contributions were to show that, in spite of Brazil's high rate of female sterilization, there was widespread frustrated demand for postpartum procedures, especially when the delivery was vaginal and in the public sector. Extension of the preceding analysis to include HIV-positive women found a similar result. The main innovation of this research was to use the format of a prospective survey to ask women what their preferences were for type of delivery and method of contraception, and then to find out after the fact if they got what they wanted.

- a. **Joseph E. Potter**, Elza Berquó, Ignez H. O. Perpétuo, Ondina Fachel Leal, Kristine Hopkins, Marta Rovey Souza, and Maria Celia de Carvalho Formiga. 2001. "Unwanted cesarean sections among public and private patients in Brazil." *British Medical Journal* **323**:1155-1158. PMC59849.
- b. **Joseph E. Potter**, Ignez H. O. Perpétuo, Elza Berquó, Kristine Hopkins, Ondina Fachel Leal, Maria Celia de Carvalho Formiga, Marta Rovey Souza. 2003. "Frustrated demand for postpartum female sterilization in Brazil." *Contraception* **67** (5):385-390. PMID: 12742562.
- c. Kristine Hopkins, Regina Maria Barbosa, and Daniela Riva Knauth, **Joseph E. Potter**. 2005. "The Impact of Health Care Providers on Female Sterilization among HIV-Positive Women in Brazil," *Social Science & Medicine* **61**: 541-554.

5. Several of my early publications focused on the national family planning policy in Mexico, and on postpartum contraception in particular. The contributions were to elucidate the reasoning behind, and the

measures implemented by the national family planning program; show how contraceptive use was tightly linked to delivering in a public hospital; and to illuminate the interactions between breastfeeding and contraceptive use in the postpartum period. In the 1999 paper, I draw on the experience of Mexico and Brazil to develop a theory of the evolution of contraceptive method mixes based on increasing returns.

- a. Francisco Alba and **Joseph E. Potter**. 1986. "Population and Development in Mexico since 1940: An Interpretation." *Population and Development Review* 12(1): 47-75.
- b. **Joseph E. Potter**, Octavio Mojarro, and Leopoldo Nunez. 1987. "The Influence of Health Care on Contraceptive Acceptance in Rural Mexico." *Studies in Family Planning* 18(3): 144-156.
- c. José Gómez de León and **Joseph E. Potter**. 1989. "Modeling the Inverse Association between Breastfeeding and Contraceptive Use," *Population Studies* 43, no. 1 (March): 69-94.
- d. **Joseph E. Potter**. 1999. "The Persistence of Outmoded Contraceptive Regimes: The Cases of Mexico and Brazil," *Population and Development Review* 25(4): 703-739.

Complete List of Published Work:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/joseph.potter.1/bibliography/47783211/public/?sort=date&direction=descending>.

D. Research Support

Ongoing Research Support

Grant #3862 (J.E. Potter, PI)

09/01/13-02/28/17

Susan Thompson Buffett Foundation

Evaluating the Impact of the Reproductive Health Legislation Enacted by the 83rd Texas Legislature

This project seeks to evaluate the impact of the legislative changes on Texas women and family planning and abortion care providers.

Role: Principal Investigator

Responsibilities: Oversee all aspects of data collection and analysis, writing of results, and supervision of all members of the research team.

Grant #5123 (J.E. Potter, PI)

09/01/16-08/31/19

Susan Thompson Buffett Foundation

Evaluating the Impact of the Reproductive Health Legislation Enacted by the Texas Legislature

This project seeks to evaluate the impact of the legislative changes on Texas women and family planning and abortion care providers.

Role: Principal Investigator

Responsibilities: Oversee all aspects of data collection and analysis, writing of results, and supervision of all members of the research team.

Completed Research Support

SFPRF7-4 (J.E. Potter, PI)

10/01/13-09/30/15

Society of Family Planning

Demand for Postpartum Contraception in Texas

This 24 month prospective study is assessing women's contraceptive preferences and abilities to access their preferred method during the postpartum period, as well as the births that could have been averted if demand for highly effective methods had been met.

Role: Principal Investigator

Responsibilities: Oversee all aspects of data collection and analysis, writing of results, and supervision of all members of the research team.

SFPRF7-6 (V. Goyal, PI)

07/01/14-9/30/16

Society of Family Planning

Comparing Contraceptive Choices and Continuation among Post-Abortion Patients with and without Free Access to Long-Acting Reversible Contraception

This project takes advantage of a Medicaid waiver program with a highly unusual design, implemented at Planned Parenthood in Austin, Texas.

Role: Co-Investigator

Responsibilities: Assist principal investigator with data collection, hiring and supervision of data collection staff, and analysis and writing of results.

Grant #3673 (J.E. Potter, PI)

09/01/11-08/31/15

Susan Thompson Buffett Foundation

Evaluating the Impact of the Reproductive Health Legislation Enacted by the 82nd Texas Legislature

This project seeks to evaluate the impact of the legislative changes on Texas women and family planning and abortion care providers.

Role: Principal Investigator

Responsibilities: Oversee all aspects of data collection and analysis, writing of results, and supervision of all members of the research team.