

UC Berkeley School of Public Health
Interdisciplinary MPH Program
alumni & student news

Fall 2014

Alumni Update:

Hetty B. Eisenberg
MD, MPH 2009



After graduating from the Interdisciplinary MPH program and the residency in Psychiatry at UCSF in 2013 with a specialization in trauma-focused mental health treatment and physician well-being, I took six months off to travel and then returned home to San Francisco to begin my current endeavors. I'm currently Medical Director of the Transitional Age Youth (TAY) program at the San Francisco Department of Public Health as well as the psychiatric consultant for the International Rescue Committee Center for Well-Being. Both opportunities allow me to delve deeper into the realm of trauma mental health while exploring non-academic systems of care.

It's an exciting time to be involved with TAY services in San Francisco. Our patients, ages 16-25 years old, experience high rates of homelessness, child/sexual abuse, incarceration, substance abuse, sex work, and risk of violence. This age group is at the frontier in mental health treatment strategies, straddling child and adult mental health worlds. The San Francisco Department of Public Health is eager to become a leader in this area. Our funding comes from the county as well as the state, thanks to this population being earmarked under the Mental Health Services Act (Proposition 63). As a result we are a relatively well-funded program, and our clinicians have the time and flexibility we need to work with these vulnerable patients.

I find it tremendously rewarding work clinically. Not only is it possible to make a huge impact during a pivotal time in my patients' lives, but it also requires being creative, fun, and down-to-earth. As a clinician, I have the freedom to spend as much time as I need to with each of my patients, and I work closely with a very talented and wise group of case managers. As Medical Director, I have begun to navigate the politics of the S.F. Department of Public Health system and am quickly learning what it means to be savvy and to survive in this arena. Most importantly, I am able to participate in conversations about how to improve our program with members of the administration who actually have the power to make real changes.

Currently, one of our greatest challenges is how to improve the patient engagement process. The population is notoriously difficult to engage as they struggle with acceptance of mental health diagnoses and issues of autonomy, identity, and attachment. They don't want to engage with a mental health system that they were forced to participate in when they were under 18. We're in the process of thinking about how we might expand our program to engage more youth and dealing with this issue is fundamental to that goal.

The existing evidence base shows that TAY-specific programs increase engagement simply by existing—presumably because TAY-specific programs feel more relevant to this age group than adult programs. However, the exact components of a successful TAY program are still debatable, and this is where the frontier lies. Although some of our clinicians have many years of anecdotal

You are cordinally invited to the
University of California at Berkeley
School of Public Health
Interdisciplinary MPH Program

***6th Annual
Interdisciplinary
Alumni & Student
Potluck
PICNIC AND B.B.Q.***



***Sunday April 19, 2015
12:00-4:00 pm***

*Codornices Park
1201 Euclid Avenue, Berkeley*

An opportunity for alumni,
students, faculty and staff to meet
and socialize

Significant others, children and pets
all welcome

Invitations will be emailed in March 2015

For information please call 510 643-2700

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experience about what works, this case-by-case framework may not be sufficient to support growth and expansion within the system.

I also work as a psychiatric consultant with the International Rescue Committee (IRC), an NGO that serves refugees. Internationally, it provides direct aid to refugees, and in the U.S. it helps to resettle refugees after they first arrive in this country. The Oakland office receives assignments from the Office of Refugee Resettlement and helps refugees navigate housing, vocational and healthcare needs during their first few months in the U.S. It's primarily a social service organization. But the Executive Director of the Oakland office recognizes that many of these refugees are victims of or have witnessed torture, sexual violence, displacement, and/or other forms of trauma, and are paralyzed by significant mental health problems that interfere with their ability to take advantage of the available services.

Thanks to an Alameda County Behavioral Health innovation grant and a federal grant serving torture treatment survivors, we have started the Center for Well-Being within the Oakland IRC office. Over the past year, I have provided direct patient care, supervised MSW and MFT interns, and helped create the infrastructure for this new clinic. Having worked with refugee populations in San Francisco, this clinical work – engaging with interpreters and cross-cultural components—continues to be deeply rewarding. In Oakland, it is common for our patients to slip through the safety net and be re-traumatized. The NGO system also has its share of challenges, including extremely scarce resources and a relative lack of familiarity with clinical protocols. But that makes it fun to work there.

The Interdisciplinary MPH
Program has our own
LinkedIn Group. To join,
please email Laura Spautz at
lspautz@berkeley.edu



Introducing the Interdisciplinary MPH

Class of 2015



*Yasushi Sakuramoto, MD;
Sofe Mekuria, MD;
Thea Anderson, MSW;
Kareem Raad, MD*



*Ben Maring, MD;
Katherine Pence, MBA;
Kristie Tappan, JD;
Janet Chu, BA*



*Jena Joy, MD;
Vivian Ojeda, BA;
Ryan Joyner, PhD;
Meredith Palmer, MA*



*Annie Roche, MSW;
Mark Lin, MD;
Lauren Eycler, BS;
Faculty Member Anke
Hemmerling, MD, PhD,
MPH (2004)*



Director's Corner

November, 2014

Dear Interdisciplinary Program Family,

Greetings from Southeastern Liberia. I arrived on November 7th to join the hundreds of other NGO workers responding to the Ebola outbreak. As you know, this unprecedented outbreak has killed over 5,000 to date, orphaned thousands of children, and devastated already strained public health systems in Guinea, Liberia, and Sierra Leone. Three years ago, my colleagues and I partnered with a health-care NGO in rural Liberia, Last Mile Health, whose mission is to provide crucial access to and strengthen the health systems for the most remote communities in Grand Gedeh County, so called "Last Mile" villages. As part of our collaboration we have been sending UCSF Global Health fellows to Liberia since 2012.

I am here as part of a team to help train rural healthcare workers on Infection Prevention and Control (IPC) practices, and to provide clinical

mentoring in the health center setting. We have been traveling to all parts of the county, and are starting to work in an adjacent county, River Cess, that is currently experiencing a new rural outbreak of Ebola. The overall goal is to improve readiness of the frontline providers when they encounter suspected Ebola cases. The need to triage, isolate, and adequately refer Ebola patients is critical to stop the epidemic.

Many of you have also been or will be supporting the Ebola response either in the US or in West Africa. We would love to hear from you and share the lessons learned.

The Interdisciplinary Program wishes you and your families well, and hope to see many of you this Spring at our annual picnic.

Warm regards,

Phuoc



Current Students:

Kareem Raad

MD, Candidate for MPH 2014



precise combination of ingredients to produce a dozen types of cakes for our weekly birthday get-together (Friday, 2:00-2:05pm). I was mentored through residency applications and supported academically by a pediatrician who showed me how much faster things get done when we do them together. I was inspired by a PhD in molecular biology who showed me how important it is to fight for a career that you are passionate about. And, finally, my ex-professional-chef-buddy helped me woo that special someone with his secret Caesar salad recipe.”

This does not begin to scratch the surface of the conversations, relationships, and special moments that we have shared in these first academic months;

It might sound like I’m wearing rose-colored glasses. But for someone from a small town in the Middle East, graduate school at Berkeley has been, academically speaking, like the first sight of Paris lights by night. We’ve discussed the past. Looking towards the future, our academic paths will be influenced by the question we devote our resources to answering. I thought that the best way to give you a taste of this was by compiling our answers to this question: “What is the most important health-related question you would like to answer over the next ten years?” Here’s what people said:

- Why are family planning services and contraceptive use rates so low in low resource regions? How does the development community break down the barriers to family planning for women globally?
- How can the medical field, social services, and education work together better to improve outcomes for children?
- Hospital-acquired infections, mistakes prescribing and administering drugs, and other medical errors, are leading causes of death in the United States. I am most interested in understanding how these errors can be reduced and patient safety can be improved.
- How can you reduce the number of preventable deaths by improving health policy?
- How do you effectively incorporate patients and patient behavior into the prevention and treatment of chronic conditions?
- How does one design and finance a model of excellence in rural primary care?
- How do you facilitate the implementation of road traffic safety measures that benefit all—including the poorest and most disenfranchised—through sustainable, infrastructure-building programs in low-resource settings?
- How can we get beyond medicalizing or collecting endless ‘data’ on populations that experience health disparities, and move towards making real, tangible changes in policy and health culture?

When I was asked to write a short article for this year’s newsletter the first thought that crossed my mind was to highlight the incredible diversity and talent that surrounds me in the Interdisciplinary program. One method to accomplish this would be to list the many countries, professional backgrounds, and Ivy League-caliber institutions where members of my cohort have trained. Many of us have relocated from places around the world to study at Berkeley. The “wow” factor would have been high. But that’s not the Berkeley way as I’ve come to learn. For such a large institution, there is something extremely human,-- perhaps humane,-- about this place.

And so, I give you... (drum roll) ... A poetic-single-blinded-anthropology-inspired-first-person-observational-letter of my first months among the Interdisciplinary Class of 2015. It is also anti-racist, free-speech heavy, and vegetarian.

Dear Friends, since first arriving to Berkeley in July...

I have conversed often with a classmate who was involved in the humanitarian response to a tsunami, made decisions that impacted hundred million dollar budgets, and is now embarking on the journey of fatherhood. I helped vaccinate mushroom pickers in the South Bay Area with an aspiring surgeon exploring the role of American medical professionals in the global health agenda. I debated Foucault’s ideas about biopower with the first geographer I have ever met. By the way, she’s the daughter of one of the founders of Sesame Street. One of the brightest quantitative minds I have ever met calculated the



Alumni Update:

Stutee Khandelwal

MD, MPH 2014



After finishing my residency in Internal Medicine at Kaiser Permanente in Oakland, I came to UC Berkeley and focused on public health nutrition in the interdisciplinary MPH concentration. Then I landed a faculty job at UCSF in Fresno, and in May my husband and I relocated there. Coming to Fresno from the Bay Area was a bit of a culture shock. We've had 100 degree weather without any rain and are surrounded by minivans, freeways, supermarkets and chain restaurants. But we discovered our local farmer's market and recycling center, and we're living in an energy efficient house with drought-resistant grass. Soon we'll be starting our own vegetable garden.

My work in Fresno has been a good mix of primary care, teaching and research time. My clinical practice is part of a private practice of internists affiliated with the teaching hospital. In contrast to the integrated patient centered medical home model at Kaiser, here we have a fragmented system of small private practices in which care coordination can be cumbersome. Working at a county-funded hospital is also revealing to me the realities of billing, coding, and the flow of dollars in healthcare.

In addition to my clinical practice, I precept medical residents in the primary care clinic for indigent patients. I'm shocked at high prevalence and severity of chronic diseases such as diabetes, obesity, hypertension, and depression among the poor of all races. Every day, I see how lack of access to affordable primary health care for the poor puts a burden on the healthcare system for everyone. I also see how jaded and frustrated doctors in

training become with primary care and why that happens. Even with the best intentions, physicians are limited in their capacity to make changes in patients' lives when those patients are uninsured, have chronic musculoskeletal pain, depression, poor dietary habits, and no access to venues for physical activity. But I try to be positive and teach quick, high-yield interventions such as the food plate method, goal setting, and motivational interviewing. I would really like to become more involved with graduate medical education — especially nutrition education for residents and medical students.

My group of internists is considering starting a medical weight management program for indigent patients. I'll be writing grant proposals — putting to use the program planning skills I learned in PH205 — and I've been advocating for a community-based participatory research approach to bring the patients' voices to the table. I'm working to bridge the public health and healthcare delivery systems and to become an advocate for policy changes to tackle the local obesity epidemic. Unfortunately, the harsh reality is that money goes where money can be generated. Since behavior change at the personal level or policy change at the societal level both take a long time and don't yield immediate return on investment, we'll have to fight to get funding for these programs.

My MPH project at Berkeley was focused on nutrition education for internal medicine residents. I've been working to turn my project paper into a manuscript for publication. While my project was well received locally, I'm finding that publishing is another game altogether. Word limits, formatting, tweaking the manuscript to the journals' interests (and getting rejected multiple times) has been quite a learning experience. I continue to persevere! Public health issues and problems face all of us every day. It can be as personal as Macy's refusing to let customers use their own shopping bags instead of Macy's plastic bags. Or it can be big and systemic—such as the fact that Indigent Services Program covers acute inpatient care for undocumented workers but doesn't cover outpatient primary care.

If it wasn't for my year at Berkeley, I probably wouldn't have become aware of these struggles and I wouldn't have the courage to fight as I do now. I will never forget those 11 months at Cal.



Current Students:

Meredith A. Palmer

MA, Candidate for MPH 2014



separatist struggles in India's northeastern tribal states, and indigenous rebellion in Oaxaca and Chiapas, Mexico. These rich experiences taught me that the most important work I can do is here in the United States, with an eye towards our ever-growing interconnections with people and places around the world.

I first came to the Bay Area three years ago to pursue a job editing a book called *Stuffed and Starved* by author and activist Raj Patel—and to be with my sweetheart. I then continued to work with Patel and others to launch a book and documentary project called *Generation Food*, about communities' efforts to fix broken food systems from Malawi to Cuba to Detroit.

I've learned that the health aspects of our global food system are significant leverage points for affecting change. From the environmental consequences of conventional agricultural practices to the lack of healthcare for food-chain workers and the increasing prevalence of diet-related diseases, health is intimately bound to food and agricultural politics in so many ways. Berkeley, the city and the university, is home to a multitude of creative minds and research efforts working on exactly these issues. The new UC Berkeley Food Institute hosts projects from policy-makers, environmental scientists, food-chain workers' rights advocates, and even the UN Special Rapporteur on the Right to Food.

During my first semester in the Geography PhD program here at UC Berkeley in 2012, a student in her final year of grad school gave me advice on how to survive and thrive in a demanding academic atmosphere. And she said she wished she had had gotten a master's degree in something more applied because she felt limited in her abilities to engage with communities outside of academia.

Her words stuck with me as I began to develop my dissertation project on the links between agriculture and health and nutrition policy in the United States and how these affect rural immigrant and Native American communities. I grew up in urban and reservation First Nations/Native communities and have a background in the study of agri-food systems and expertise in critical and spatial theory from the Geography Department. What was missing from my professional skill set was a deeper engagement with public health policy, metrics, theory, and action research. The School of Public Health has been the ideal place to gain these skills in the company of deeply engaged students, scholars, and community members.

Before becoming interested in public health, I spent three years working, traveling, and studying around the world. I've WWOOFed (with Willing Workers on Organic Farms) in Costa Rica, Ecuador, New Zealand, and Vermont. I've done piece-work in the vineyards of New Zealand and worked as a special needs assistant to elementary school students. I've participated in a Native American prisoners' art project in upstate New York. As an undergraduate at Cornell University, I was part of a study abroad program that explored Mohawk nationhood in Canada,

The Interdisciplinary program at the Berkeley School of Public Health is unique its composition of exceptional and varied scholars, doctors, and other health practitioners—a cohort of brilliant and curious minds coming together to learn and explore new ideas. Core courses provide us with a broad understanding of public health issues and guest lectures introduce us to faculty across campus. With plenty of space in our schedules for electives, we can take classes on a variety of topics: mass communication, learning how to assess, plan, and evaluate programs to address health needs, exploring global health practice and social epidemiology.

After graduation, I will continue to pursue my Geography PhD with a new public health vision and skills. I need these skills if I'm going to affect social change. I believe that affecting change requires not only theoretical rigor but also the ability to translate knowledge across disciplines, both in and out of the academy.



Alumni Update:

Caroline Chen

PhD, MLA, MPH 2014



Since graduating from the Interdisciplinary Public Health program at UC Berkeley, I have been working as a post-doctoral researcher with Dr. Shu-Hong Zhu, the principal investigator of the California Smokers' Helpline (1-800-NO BUTTS) at the Moore Cancer Center at UC San Diego, learning how to design, conduct and implement clinical trials. I especially appreciate one of his early papers, "A Method to Obtain a Randomized Control Group Where It Seems Impossible: A Case Study in Program Evaluation." Dr. Zhu is a creative force.

I experience the Helpline environment as a dynamic, hybrid environment where research and service are inseparably linked and mutually informative. While researchers are designing and implementing interventions, over 60 counselors are actively helping smokers quit. An independent evaluation team follows up with former smokers to monitor post-treatment conditions. This built-in feedback system enables us to evaluate the effectiveness of interventions among users of the Helpline services.

I take great satisfaction in seeing how these interventions are constantly checked and tested. My background before coming to the Interdisciplinary MPH Program was in art and design. I wrote my dissertation on a topic related to public health (the appropriation of space by elderly women for exercise dance in Beijing) and my PhD from 2012 was in the field of Landscape Architecture and Environmental Planning. I also hold a Master's in Landscape Architecture from the Harvard Graduate School of Design. In the design fields, designs are often created without checking to see whether they met the public's needs. Sometimes there is a post-occupancy evaluation, but

these studies are usually not done by the designers themselves. I see the Helpline as an interesting and well-functioning, integrated model of research and (clinical) practice that may also hold promise for design.

My dissertation fieldwork took place in Beijing and from my experience there, I developed an interest in Asian health. Asian-language counseling had been offered since 1993 at the Helpline. After a successful randomized controlled trial and a dissemination study that expanded services to six other states, the CDC began funding the Asian-language service to expand service to all 50 states in the U.S. and the Asian Smokers Quitline (ASQ) was born. Now, if an Asian-language speaking smoker in Kansas calls the ASQ number, we at UC San Diego will answer that call. On November 1, I became the project manager of the ASQ.

It is easy to forget that while tobacco control has often been touted as one of public health's greatest triumphs because social norms in the U.S. have now shifted against tobacco use, smoking still remains the single, largest cause of preventable disease and death in this country. And for many new immigrants from Asia, this is news. According to the 2010 Census, the Asian population is the fastest growing ethnic group in the U.S. between 2000 and 2010, with growth is attributed mostly to migration. Smoking prevalence rates in Asia are high — 56% of Vietnamese, 52% of Chinese, and 40% of Korean men are estimated to smoke. So it is unsurprising that many Asian immigrants bring their smoking habits to the U.S.

If you work with any Asian-language speaking patients or community members or have friends and family who smoke, please let them know about us. The ASQ is funded by the CDC and is a free nationwide service, offering self-help materials, free nicotine patches, and one-on-one smoking cessation advice to smokers in Mandarin, Cantonese, Korean, and Vietnamese. Please feel free to contact me for more information or to share any ideas for reaching Asian-language communities at cac025@ucsd.edu. I wish to express a deep gratitude to both the Interdisciplinary and Online MPH Programs at UC Berkeley. With the training and support I received from these programs, I was able to make the transition to work I find truly meaningful. I wish to especially thank Dr. Nap Hosang for helping me get to the finish line. Go Bears!!



Mandarin and Cantonese
1-800-838-8917

Vietnamese
1-800-778-8440

Korean
1-800-556-5564

www.AsianSmokersQuitline.org