

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

Spring 2009

*Alumni Update*

**Tricia Michels Tayama**

**MD, MPH 2003**



Tricia with her husband, Darren Tayama

Greetings! After graduating from the Interdisciplinary MPH Program in 2003, I returned to UCSF to finish medical school and then completed a residency in Pediatrics at UCSF. I was grateful to be a member of the PLUS (Pediatric Leadership for the Underserved) Program within my residency, which offered leadership skills, advocacy training, reflection, mentorship, and an amazing peer network of role models under the guidance of Anda Kuo, MD.

As a PLUS resident, I engaged in a longitudinal community experience, partnering with two other residents to learn about media advocacy as a tool for addressing challenging social issues. The issue most prominent for us was youth violence, since we frequently cared for injured youth and witnessed the disproportionate burden of interpersonal violence on lower income and minority youth. Working alongside pediatricians, trauma surgeons, case managers, and social workers, we began to explore the numerous factors that contribute to youth violence and attempts for healing after an injury.

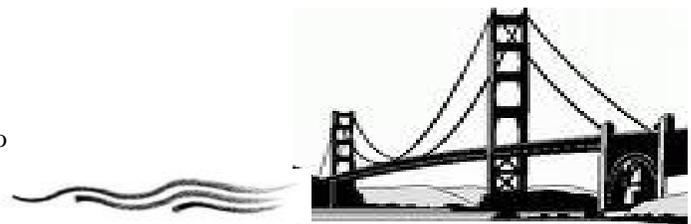
For our final project, we created a 20-minute documentary film, *Bulletproof*, that shares the stories of youth and others grappling with community violence. Through in-depth interviews on film and numerous informal interactions while planning the film, we learned about the far-reaching health effects of youth violence and put them on film. In candid interviews, the youth shared their perspectives on prolonged hospitalizations and relationships with different service providers, adjustments to new problems with their physical and mental health concerns, obstacles they face in avoiding violent situations, and the importance of the dedicated physicians and case managers who help them navigate their paths to recovery.

These youth taught us more than we could have imagined. Along with one of the young adults involved in the project, we shared the film with health care providers to help foster dialogue about the needs of youth and what role we might play in their recovery. Our future goals include increasing awareness and funding for youth violence prevention programs, fostering dialogue among community members as to how best to promote youth development, and supporting effective programs at trauma centers to reduce repeated injuries among youth.

For the past year I have also been working on teaching, leadership, and clinical skills as a chief resident at San Francisco General Hospital. One of the highlights of my year has been sharing the job with Katy Davis, also from the Interdisciplinary MPH Program Class of 2003!

On a personal note, this year I married my medical school anatomy lab partner, Darren Tayama, who is now a chief resident at Stanford in Internal Medicine — and I love married life. Together we are preparing for a weeklong teaching exchange program in Okinawa, leading clinical case conferences and bedside rounds with Japanese residents.

I look forward to seeing you at future alumni events! Learning from everyone in the Interdisciplinary Program was such a gift, and it would be great to continue what we started.



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*Alumni Update*

## David Kaisel

**MBA, MPH 2003**



Along my career path, I developed product strategies for a novel point of care diagnostic technology, consulted on biomass stove design standards and spent a year working for a think tank as a “Global Health Futurist” for Fortune 100 companies. For the past 16 months I’ve worked as a product design consultant for PATH (formerly the Program for Appropriate Technology in Health) in Seattle. With a \$150 million annual budget in 2007 and over 700 staff working in more than 70 countries, PATH is one of the largest international non-profits focused on creating sustainable, culturally relevant health solutions and technologies.

At PATH, I work as part of an international team of engineers, commercialization experts and household researchers, developing product design and design research strategies for the Safe Water Project, a five-year Learning Initiative funded by the Bill and Melinda Gates Foundation. The project is a major global initiative to explore sustainable commercial models for the sale of Household Water Treatment and Storage (HWTS) products to low income consumers. Although the project addresses safe water needs globally, the bulk of our work takes place in Andhra Pradesh, India.

HWTS has proved to be one of the most cost-effective means to reduce the WHO’s estimated 1.8 million deaths due to water-borne disease. But little is known about the reasons why so few HWTS initiatives have achieved widespread adoption and sustained use. To explore these issues, PATH is implementing a range of pilot commercialization models in partnership with several of India’s largest consumer products companies, leading microfinance institutions (MFI’s) and technology development partners in the U.S. and abroad.

We’re working with a young, creative and smart design research firm in India to try and pick apart what would motivate poor families to buy an expensive (for them) household appliance whose primary benefit (reducing illness due to water-borne pathogens) may not be apparent, and how we can translate those motivations into product attributes that will catalyze widespread adoption and sustained, correct use. My long-term goal is to develop a portfolio of appropriate and appealing household products such as cookstoves, “cordless” refrigeration, reading lights and bed nets — products that offer real health benefits to families as well as strong incentives for commercial distribution through the private sector.

The work places a premium on my ability to put myself in the position of someone in our “base of pyramid” or “BoP” target population: those who earn one to five dollars a day, living in urban slums or remote rural villages, whose primary water source may be a polluted borehole well or contaminated surface water. My goal is to understand the attributes needed to design a complex water treatment product that is compelling enough for the poor to buy, and cheap enough to present an attractive commercial opportunity for national and multinational consumer goods manufacturers.

Applying to the Interdisciplinary MPH program, I planned to take a temporary hiatus from my hectic life as a project coordinator for Doctors Without Borders. I remember thinking the Interdisciplinary MPH program was just the ticket to help me focus my interests in global health and also give me a bit more stability in my life. But as Robbie Burns put it: “The best-laid schemes o’ mice an’ men...”

What I found during my year of study at Berkeley was that far from narrowing my focus, I became even more aware of the great complexity of the factors that determine the health of global populations. I am by nature a lateral thinker, with a background in industrial design and business management. But I soon realized that my career path in public health would be anything but linear.



# Jared Garrison-Jakel

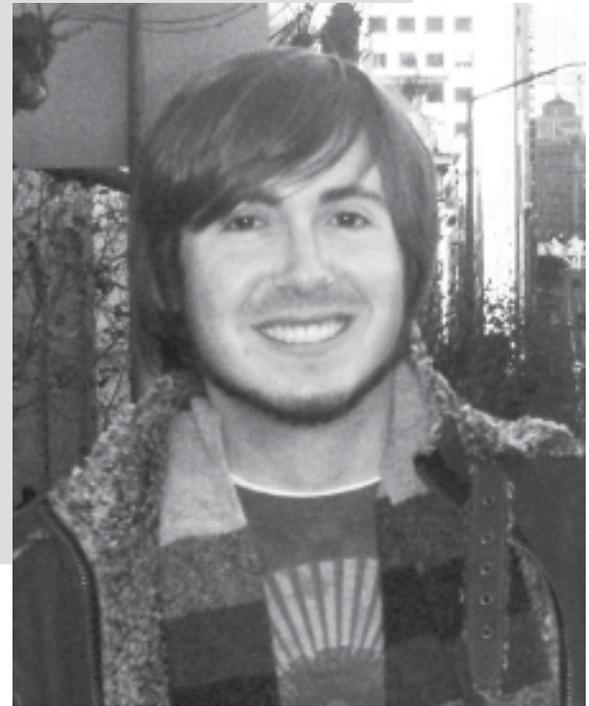
## Candidate for MPH 2009

I often apply the multidisciplinary tools I acquired during my MPH to understand the impact of various water treatment technologies on the epidemiology of water-borne disease, to design and manage qualitative user research, interpret quantitative studies for their relevance to HWTS product design, and gain a better understanding of the role of product performance evaluation and standards in international water quality standards. I have the privilege of working with some of the leading researchers and implementers in the water sector, as well as cutting-edge industrial design practitioners and ethnographers.

Long before I ever thought of a career in public health, and while I was still a product design student, I concentrated on designing “blue-sky” product concepts that offered health services to remote, poor or marginalized communities. At the time (the early 1990’s), the idea of specializing in something as esoteric as appropriate health technology design strategy seemed pretty far-fetched. Yet it was this very idea that propelled me to get an MBA, to work with Doctors Without Borders, and to pursue the Interdisciplinary MPH Program.

Today I find myself working in a field that didn’t have a name 18 years ago. Most inspiring to me is working with young graduates of business, engineering and social science programs, who think it is perfectly natural to apply their talents to the field of appropriate health technology. The field is full of innovative thinking and breakthrough proposals. Real health innovation is being driven by the efforts of organizations like Google.org, Intel, Nokia, and Mr. and Mrs. Gates.

During the brief time I spent in the Interdisciplinary MPH program, I developed a knowledge base and conceptual framework that has helped me ride this wave of innovation. I also made connections with faculty and colleagues within and beyond the School of Public Health community that I rely on every day. In terms of “bang for the buck”, it would be hard to find a better deal than the Interdisciplinary MPH Program!

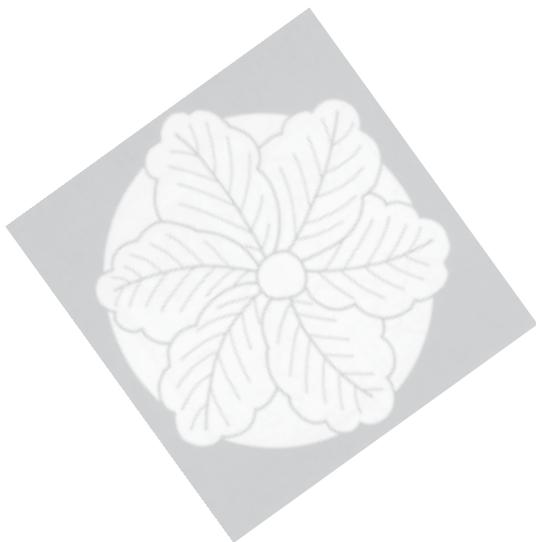


I always hoped the dusty country roads that I left behind to pursue my medical education would one day lead me back to the rural communities I love. This past year at Berkeley has brought me much closer to that goal.

Growing up in the small desert agricultural community of Thermal, California (a town as hot and dry as the name implies), the child of a registered nurse and a social worker, I suppose it’s natural that I’m pursuing a service-oriented future in rural health care. But I hadn’t always planned it this way.

When I began at Pomona College in Southern California, I explored my interests in psychology, photography and religious studies. I majored in neuroscience, which was broad enough to span the full spectrum of my interests from psychobehavioral studie to molecular biology and social psychology. In retrospect, I would call this spectrum an ‘ecological’ perspective of human behavior.

Like many students with an interest in social justice, I found my greatest pleasures outside the classroom and research lab, in extracurricular projects in the community. Much of my free time was spent as a volunteer at Planned Parenthood and local community health centers. When I entered medical school at UC Irvine. I was excited to take over as co-coordinator of the student-run screening and referral clinic. But I soon found that the educational breadth I had enjoyed as an undergraduate was strangely lacking in my medical education. I knew that social



psychology was as essential as neurobiology for understanding human behavior. I spent my initial years in medical school grateful for the skills I was learning, but frustrated by the myopia of medicine and its dismissal of important factors such as disparities and population health.

In my third year of medical school I was convinced I needed to reach outside the traditional boundaries of medical education to gain the skills I needed to be an effective community-health physician. I applied to UC Berkeley School of Public Health's Interdisciplinary Program and was thrilled to be accepted.

In the past year, in addition to epidemiology and statistics, I've focused my coursework around gaining the public health skills that I need to be a rural family physician – including community organizing, community building, program planning and evaluation. I've come away from these classes with even greater awareness of the obstacles and inequities in well-being that face so many communities. But I also feel energized with new ideas on how to translate my professional efforts into community empowerment and improved health.

I've also taken this year to explore the field of hospice and palliative care. Specifically, I set out to investigate modes of delivering hospice care in remote, rural environments. Through this work I stumbled upon volunteer hospices, a model of hospice that has been largely replaced by Medicare-funded hospices in towns and cities, but has persisted in rural communities unable to sustain Medicare-certified facilities. It's an intriguing model, dominated by fiercely independent, capable nurses in the Mendocino County communities I've been studying. Exploring the workings of these grassroots institutions while developing my skills in qualitative research has been both a great challenge and a pleasure.

As I prepare to head back to Southern California, I find myself both sad to leave Berkeley (the *Yay Area*, as I've come to call it) and excited to return south and to patient care. I'll be bringing new tools and perspectives with me, reassured that physicians are not all doomed to become prescription-writing drones in a broken system. I believe that it is possible to work from within the system to produce high-impact, system-level solutions for our patients.

As my thoughts turn towards my looming residency applications, things in my crystal ball are looking a little hazy. But as I move forward, I'm pleased with the skills and perspectives this year has granted me and I look forward to my next opportunity to work with communities for a healthier, happier future.

## Current Students

# Mini Swift

**MBBS, Candidate for MPH 2009**



I was born in Minneapolis, and my parents moved to Alameda, California, when I was eight years old, so I consider myself a Californian. I met my husband at Alameda High School and I attended Mills College in Oakland, California. At that time, India was just a place that I would visit during summer vacations with my grandparents. Then I got the idea to go to India for medical school, and headed off to Kasturba Medical College in Karnataka.

The medical college is located just 5 km from the Indian Ocean and serves a very diverse group of patients from all parts of South India. Medical school was not only a time to learn medicine, but also for me to see up close the health consequences of poverty and other deficiencies in the social determinants of health. I was inspired by the high degree of social responsibility that my physician professors displayed in the care of their patients. After five years in India, I returned to Alameda where I joined the Internal Medicine Residency Program at Alameda County Medical Center (ACMC).

During my Chief Residency, the County hospital hit some hard times. A group of concerned citizens and physicians collaborated on a ballot initiative to provide a half-cent sales tax to ensure the survival of our safety-net hospital. The political pundits had sworn the ballot measure would fail, since tax measures in California require a two-thirds majority vote to pass. But it passed - due to a strong grassroots campaign involving groups from all over Alameda County. It was an astonishing and exhilarating success, and our hospital survived. The campaign also introduced me to a fascinating group of county officials and community activists.

Alumni Update

# Christa Peacock

MSN, MPH 2006



Christa in Nepal

My interests in health and health care disparities that began in India were further shaped by my work with the homeless here in the Bay Area. Barriers to health care in some pockets of Oakland are surprisingly similar to those I saw in India. I joined the Board of Directors of the East Oakland Community Project (Oakland's largest homeless shelter) and since 2006, I have been privileged to serve as its president. At the homeless shelter, I saw how often patients had to use hospital Emergency Departments for basic care. This experience prompted me to join a county-wide collaborative to address frequent users of emergency health services. This program, funded jointly by the California Healthcare Foundation and the California Endowment, was a four-year pilot to address the healthcare needs of moderate and high intensity users of the emergency room at Highland.

My work at the East Oakland Community Project has shown me the formidable obstacles patients experience when they are discharged from the hospital. To smooth their transition, I was appointed the Medical Director for Healthcare for the Homeless in Alameda County. In 2007, I had the good fortune to receive a grant from the California Health Care Foundation, through which we piloted a post-hospitalization discharge coaching program based on the Coleman Transitions Intervention Model for homeless patients.

As I focused on frequent use of emergency services, I learned that the most frequent admission diagnosis in hospitals across the United States is heart failure. At discharge, a patient has only a 22% chance (nationally) of bouncing back in less than a month. To address this situation, I have established a multi-disciplinary outpatient heart failure clinic that has contributed to a reduced the re-admission rate at our hospital. I'm also involved in projects related to medical professionalism and physician social responsibility.

As I near the end of my MPH studies, I cannot imagine any aspect of my future activities that will not be influenced by my UC Berkeley School of Public Health experience. As a physician, I am completely changed. The MPH program has given me both the perspective and the tools to expand my therapeutic vision from the individual patient to the community. After graduation, I plan to continue at Alameda County Medical Center to explore a community-based approach to improve the quality of health outcomes for the people we serve.



Figure 28. Sri Yantra.

I was born and raised in Northern California and think I was always meant to be a nurse. After completing nursing school at California State University, Chico, in 1997, I worked as an operating room nurse for a year at UC Davis Medical Center. Still quite young, I wanted to explore the world and have some adventures.

I joined the Peace Corps and the whole world seemed to open up to me. I served in rural Nepal as a volunteer nursing instructor for over two years. This experience was a window into how most of the world lives: as poor, rural farmers with little knowledge of health care or access to services. There was a village health project that we did each year with the local nursing students. We would gather health data in a village and then implement projects based on the community's needs. I learned about how people's beliefs and cultures can strongly influence their health practices. I also learned that many children die because they do not get immunized.

I became involved with the local public health department and the World Health Organization, conducting a Polio Eradication project. I worked with the local students on several immunization campaigns including polio, Vitamin A, and Japanese B Encephalitis. It was amazing for such a small group of people to do so much -- going house to house and educating people about immunizations and getting children vaccinated. On a single day we would immunize hundreds of children.

During my time with the Peace Corps I also became familiar with diseases such as malaria, leprosy, and giardia, which are all rare in the United States. This experience really sparked my interest in public health.

(continued on next page)

I returned home after completing my Peace Corps service and went on to graduate school in nursing. There are very few MSN/MPH programs in the U.S., so I needed to complete each degree separately. When I discovered the interdisciplinary program at UC Berkeley it seemed to be perfect fit. The program truly expanded my knowledge about public health in so many areas. It was fascinating for me, as a medically-focused person, to learn about epidemiology, environmental health, social health, and so on. The program, instructors, and fellow students were all so interesting, and it was a truly collaborative environment.

After I completed the program at UC Berkeley I applied to work for Doctors Without Borders, and I started out in a refugee camp in Thailand, doing mostly public health work. I was in the hills near the border of Laos, in a camp where many Hmong people lived after fleeing their homeland in search of a safer place to live. For six months, I supervised the health clinic staff and the community health workers. I trained the community health workers to improve health knowledge and outcomes in the community, and worked on many public health projects.

We performed an immunization survey of the children in the community and, based on those results, did two immunization campaigns. We also restructured the weekly immunization program to make it easier for parents to bring their children. In addition, I facilitated community health education programs in the camp for children and worked on a family planning campaign with the local midwives. The community health workers and I also did a Vitamin A and de-worming campaign for children in the camp. In this work, I really used some of the epidemiology and statistics that I learned at UC Berkeley! It was a challenging but amazing six months. I recently came back to California, and I'm considering another assignment with Doctors Without Borders.

### *Current Students*

## Rhianna Babka



### **MSW, Candidate for MPH 2009**

It's hard to believe that I'm now at the end of three years in graduate school. The time seems to have gone by slowly and quickly at the same time. Even after three years, I still struggle with the constant tug of war between the need to write a paper and the desire to enjoy the beautiful spring days. Recently, I keep reminding myself that these are (most likely) the last school papers I will ever have to write!

I remember after I finished my undergraduate studies at San Francisco State University in Women's Studies I said: "I am completely done with school and I am never going back!" But that sentiment only lasted a few months. At the time I was working at a homeless family shelter in San Francisco. It was a great job — the work was extremely rewarding and felt purposeful in so many ways. But I also immediately wanted to learn more about social justice and public health, and I started taking health courses at City College of San Francisco. City College of San Francisco is an amazing place to learn, not only

from the instructors and course content, but also from other students in the class, who came from so many diverse walks of life. I earned a certificate program in HIV/STI Case Management that served me very well.

After I completed that program, I started working with single moms who had HIV/AIDS. The experience showed me how resilient individuals and families can be in the face of extreme hardship. I learned a lot about the things that you cannot control in life and that what really matters most: health and love.

I now had a significant amount of experience working one-on-one with people, and I wanted to learn how to impact people on a macro level. I applied and was accepted into the Management and Planning concentration of the Masters in Social Welfare (MSW) program here at UC Berkeley. After two years of classes and internship, I wanted to continue my education and focus on some specific areas of interest, such as how improving access to transportation can improve health and quality of life for vulnerable populations. I started working on campus at the Traffic Safety Center, where I researched the barriers older adults face when accessing public transit, and where I'm now working on a pedestrian safety program.

I have plenty of ideas about how to spend my time in the few months between graduation and working... Taking a summer vacation to Thailand and a road trip across the U.S....Dusting off my metalwork tools and equipment so I can start making jewelry again...And relaxing on Saturday nights instead of doing homework!

I feel very fortunate to have had this experience. I also have a supportive and loving family who have helped me through thick and thin during the last three years. I'm not sure what my future holds, but I'm committed to working towards a just and healthy society, and I believe that my graduate education has prepared me for that. I'm looking forward to the next opportunities and challenges.



# 10th Annual Interdisciplinary Student & Alumni Reception

April 24, 2009



Anja Takla '09 and her partner, Christian Traeger; Heather Zornetzer '09, Thomas Goetz '07



Alex Ayzengart '09, Elisabeth Gunderson



Rhianna Babka '09, Peter Sherris '09, Michelle Shuff '09



Meredith Denton '08, John Downey '08, Juno Obedin-Maliver '08



Nima Afshar, Mini Swift '09, Laura Spautz (Program Manager)



Madhavi Dandu '04 (Academic Coordinator), David Kaisel '03, Jeff Dahm '09



Hideto Saito '09, Mark Yeung '09, Rui Liu, '09

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Name \_\_\_\_\_

Address changes (mailing, email) \_\_\_\_\_

Update on work and family information \_\_\_\_\_