UC Berkeley School of Public Health
Interdisciplinary MPH Program

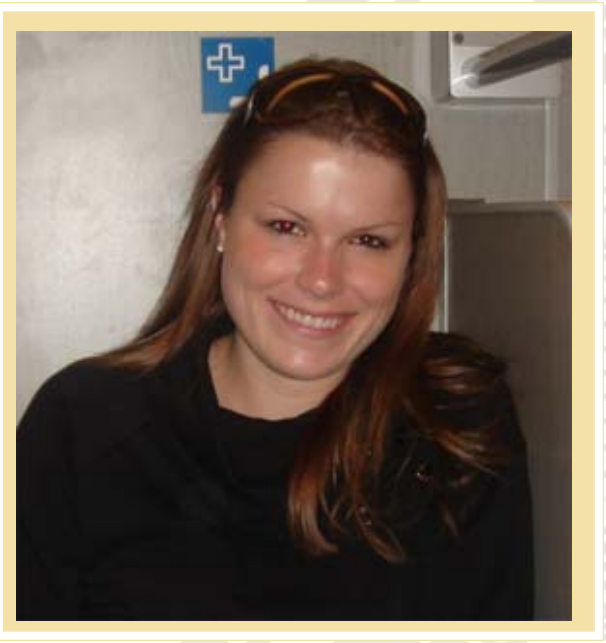
alumni & student news

Spring 2012

Current Students

Jessica Beard

MD, MPH 2012



As the Interdisciplinary course winds down with graduation just a few weeks away, I'm reflecting on my time spent here at UC Berkeley. This year I've had the opportunity to explore my public health interests in a truly "interdisciplinary" way. From number crunching in Maureen Lahiff's biostatistics courses to defining the social determinants of pediatric pedestrian injury in Denise Herd's health disparities course, to imagining a world free of inguinal hernia for my master's project, I have encountered many facets of public health this year. My approach to medicine and my field—general surgery— will be forever influenced by my time here at Berkeley.

Before entering the Interdisciplinary program, I had completed medical school at Yale and three years of general surgery residency at UCSF. I came to Berkeley to explore my interests in global health, health disparities, and public health in general. For my master's project, I created an epidemiologic model of inguinal hernia in Ghana and defined the interface between surgery and global public health. For my Private Sector in Developing Countries class with Ndola Prata, I envisioned a new educational model for surgical skills training in Ghana which could combat "brain drain" and boost workforce morale for medical officers in district hospitals. I hope to put these ideas into practice next year as I work in surgical education and skills training in Dar es Salaam, Tanzania.

The very best thing about my experience this year has been my Interdisciplinary classmates. The diversity of viewpoints and experience in our MPH seminar is unlike any I've experienced before in my education. In my Interdisciplinary class, we have a Norwegian plastic surgeon turned health policy maker, a lawyer turned violence prevention advocate, and a bioengineer turned global TB expert. Over the past few weeks, we presented our master's projects. Witnessing the innovation and experiencing the excitement in the group has been a real treat! I know that I have made lifelong friends and colleagues whom I'll work with in the future.

In addition to my MPH classes, I've had the opportunity to work on developing UCSF's Global Surgery Program. I created an educational curriculum in Global Surgery for residents in surgical specialties and initiated a monthly journal club under the mentorship of several surgeons from UCSF and the San Francisco General Hospital. This year, I have been able to help strengthen and diversify my residency with the skills I have been developing at UC Berkeley. I plan to continue to expand UCSF's Global Surgery program through a formalized resident education program.

(continued on next page)

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In Fall, 2012, UCSF surgery will initiate our first-ever mentored resident rotation in general surgery at the Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es Salaam, Tanzania. I am currently working with our faculty to define the curriculum for this rotation and strengthen our academic partnership with MUHAS. I hope to build a program that surgery residents both here and in Tanzania can engage in for many years to come. Also, strengthening surgical capacity in Tanzania will translate into improved access to and higher quality of surgical care for the people of the country. This is our ultimate goal as surgeons working in global health. I will approach the care and prevention of surgical conditions with public health principles as both a clinician and researcher, throughout my career.

In the meantime, I've been practicing my medical Swahili in anticipation of working and living in Tanzania. Although I studied Swahili for three years in college and even did a Swahili study program at the University of Dar es Salaam, my vocabulary has been suffering with disuse! I did learn the other day that the Swahili word for appendix is *kidole tumbo*—- literally "finger stomach," which is sure to come in handy on the surgical wards at MUHAS.

In just a few weeks, my Interdisciplinary class will be graduating. It's been a fantastic journey that I will definitely treasure. I can't wait to meet my classmates again, either in Berkeley or somewhere else in the world! Thank you to Nap and Laura for a great and productive year!

Dear Interdiciplinary Alumni:

It has been 15 years since I took the reins of the Interdisciplinary MPH program at UC Berkeley. This job has given me the opportunity to play a small role in facilitating your education in the service of public health here and abroad. For that privilege, I thank you. Thank you also for teaching me how to do this job better over the years. Special thanks to Laura for providing much of the glue for our administrative success.

Yet, as is the case in other parts of life, we must move on to give younger minds the opportunity to reframe the challenge and to innovate.

In our case we must provide the infrastructure and obtain the market intelligence to recreate the program to meet the needs of current students and to help craft a vision of the future unfettered by the habits and the biases of the past. Exit stage right, Nap.

To these ends, Dean and Professor Stephen Shortell and I have initiated a process for an orderly transition over the next two years. A task force has been convened to redefine the role of the Interdisciplinary Program in the menu of program offerings at the school. This is exciting. We want your feedback. Please write to us (via Laura at --email

lspautz@berkeley.edu) and tell us what you see out there in your world that future graduates should be trained to tackle. Tell us who we should be recruiting and when in their careers it would be best.

Two of our alumni from the class of 2004 (Phuoc Le and Anke Hemmerling) have volunteered to take over the seminar and will do so later this summer. I will be around to provide seamless administrative support for the program when needed, but I am quite sure they won't need much. When the Task Force has completed its work, the program will have a mandate for the future and a new director. In the meantime Phuoc and his team will experiment with new pedagogical approaches and curriculum content. In closing I would like to thank Phuoc and Anke for unselfishly stepping up to the plate to manage the transition period and we look forward to receiving your input, as early as today. As always we will keep you informed about our progress.

On a personal note we had a wonderful afternoon picnic for the graduating class in Codornices Park near the Rose Garden in Berkeley last week-end. What was special was the turnout of Alumni from graduating classes of 1999 through 2011. It was touching to see the interactions.

Nap Hosang

advocacy for policy change and community-level interventions. As I complete my fellowship this summer, the future is exciting, but unclear. At this point, I am planning to continue working with the Stanford non-communicable disease work group on global projects to improve the growing number of non-communicable diseases in the developing world. I'll also continue my clinical work in the Preventive Cardiology Clinic and look for opportunities to work in disadvantaged communities.
And it goes without saying that, as always, I hope to connect with others from the Interdisciplinary MPH program to share ideas and thoughts on how we can work together to improve the lives of those who are less fortunate!

Alumni Update

Baharak Amanzadeh

DDS, MPH 2010

My public health path has always had a touch of magic. You don't hear people say that about public health very often, but it's true. When I applied for the Interdisciplinary MPH at UC Berkeley, I had some thoughts about my goals, but had no idea that I would end up doing exactly what I had wished I could do. As a dentist, an artist, and a single mom who loves children, I came to my MPH looking for a career that would somehow connect the different dots of my background and dreams to create an image of improving health and well-being. And that is what has happened.

When Nap first asked me, "So, what do you want to do?" I tried to picture what it would look like. Of course, I wanted to be innovative. I had some ideas about designing and implementing preventive dental treatments targeting children and their families. I was also very interested in global health and in approaches that would frame dental health in the context of general health. Now, two years later, I'm doing exactly what I wanted to do.

How did I get here? When I was applying to the MPH at Berkeley, I'd been practicing dentistry in California for six or seven years. At the end of the day, I knew how many teeth I'd drilled and filled but I didn't know how much I impact I'd had on the overall health of the community. Children would come in with dental pain and infection and I would treat them as best I could. But I knew those children would experience the same problems again. I knew there would be sleepless nights and befuddled days because of toothaches. I knew their families would experience the same endless difficulties in accessing care, and many families would experience the same thing. Also, I knew that it was all preventable.

Searching for an answer, my MPH mantra became: "Understand deeply, before planning to do anything." So ethnography, qualitative research, community-based participatory research and intervention design became the focus of my efforts. I soon realized I had another mission — to communicate the importance of oral health to my colleagues from other disciplines. I got better at framing my oral health arguments, but at times my times my voice would still shake in the face of more life-threatening health issues. "You're just talking about *teeth*, right?"

These conversations helped me tremendously in defining my area of research. I study the impact of diet and nutrition on oral health, and most recently collaborated on a qualitative study on the effects of food, drink, and snack advertisements on oral health in El Salvador. There's an entire industry out there trying to convince us to make poor nutrition choices. Choices that affect not only our oral health, but also our health overall.

After completing my MPH, I was accepted by UCSF's residency in Dental Public Health, where I have been working closely with CAN DO – the Center to Address Disparities in Children's Oral Health – and the amazing scientists working in the field. We work closely with organizations in Dental Public Health. I enjoy being involved in policy development, collaboration with the Department of Public Health, program planning and education, and public health research. Following my residency, more magic happened with an opportunity to join the faculty at UCSF. It has been about six months since I joined the School of Dentistry in the Division of Oral Epidemiology and Dental Public Health, where my time is split between research, public health projects, and teaching. As one would expect, most of my activities have a community-based participatory twist— for example, an inter-professional partnership with the School of Nursing to support school-based health centers in Oakland.

I still see myself at the beginning of my path and there's a lot to learn, but I'm determined to push the boundaries in whatever I do. Even as I write this article I'm on my way to a conference on Art and Health, where they will be screening a short film on dance and disability that I made with an MPH colleague for one of our classes. Looking ahead, I hope to explore new ways to blend my artistic inclinations with my career in dental public health.

While there are a lot of uncertainties along this magical path of mine, two questions will always be constant: how am I improving people's health, and is it the best I can do? I inherited this questioning perspective from my wonderful mentors— especially Nap and Jaspal Sandhu. Thank you!

Current Students

Sabrina Gard

BS, MPH 2012

Oh, Berkeley…how I will miss thee!

I didn't know exactly why I wanted to go into medicine until I attended the Sophie Davis School of Biomedical Education in Harlem, New York. Since its inception in 1973 the Sophie Davis program has been dedicated to placing primary care practitioners—specifically those underrepresented in medicine— in communities that have long been underserved medically. The five-year BS/MD curriculum was focused on community-oriented primary care (COPC) with all of us studying under the tutelage of Dr. Jack Geiger, a founding faculty member and Professor Emeritus of the Community Health and Social Medicine Department.

I was a second-year undergraduate when I sat in my first lecture with Dr. Geiger in the first of several Health, Medicine, and Society courses that I would take. The lecture began with a screening of "Out in the Rural: A Health Center in Mississippi," which vividly illustrated the importance of community health centers, and how the COPC model worked to reduce the health care disparities gap that plagued rural Mississippi. The lecture made me realize for the first time that there is so much more to medicine than the diagnosis and treatment of the individual.

Rather, the health of individuals greatly depends on the health of the communities where they live. I decided to integrate the science of public health into my medical education before I started clinical practice.

Transferring into the NYU School of Medicine after graduating from the Sophie Davis School was a shock to my system, to say the least. Rather than concentrating on community health and social determinants of disease, I was now in clinical medicine — where decisions are made at the level of the individual rather than the community. I appreciated the education I was receiving and how it contributed to my growth as a health care professional. But I couldn't shake the feeling there was something missing. In a piecemeal fashion, the medical history and physical would give us the diagnosis for single patients so they could be treated and sent back out into the population. But there appeared to be little concern for the health of the patients' communities. Just as an individual may have vulnerabilities that predispose them to morbidity and mortality, so does a community. As my medical education was drawing to end, I felt an overwhelming sense of responsibility to help the most vulnerable of communities—the communities I'd always called home.

When I decided to apply to public health, I knew I wanted to go to UC Berkeley. From breakthroughs in biomedical research to public health practice, UC Berkeley has long been in the forefront of population health care. With my long-standing interest in HIV history and prevention, I was awestruck that the San Francisco Men's Health Study—vital to linking AIDS to the HIV virus— was conducted here. I'm particularly interested in disparities amongst men who have sex with men (MSM), and I was drawn to the nearby San Francisco Department of Public Health, where they have been doing HIV-related behavioral surveillance work since the beginning of the HIV epidemic in the United States. I also was excited to work with the health department for my master's project.

My year at UCB has been the most exciting time in my whole educational experience—-it's chock full of interesting discussions and spectacular classes. Electives such as Meredith Minkler's Community Organizing seminar have a built-in fieldwork component that allowed me to go into nearby West Oakland and work with community activists like Margaret Gordon on environmental justice issues. A sexual health promotion and STD prevention class were both incredibly fascinating and in line with my career interests. (And, who doesn't love discussing HIV and gonorrhea?) The methods courses that I took also deepened my respect for the field.

After graduation, I plan on completing my medical education at NYU and going on to train in Internal Medicine. I believe there is a place for public health in clinical medicine and that place, for me, is primary care. The goal of public health and primary care, and my own goal in life, is to keep people as healthy as possible for as long as possible. In addition, I hope to take the public health skills and principles I've learned this year and apply them to my continuing research in the area of outcomes disparities in HIV positive individuals, especially the African-American population, hopefully with the New York City Department of Health.

I look forward to the day that I return to Berkeley as an accomplished public health professional!

Current Students

Emily Warming

MSW, MPH 2012

July 2004—The Dominican Republic: I sat in a wooden chair, holding a nervous child on my lap as the dentist extracted a third decaying tooth from her mouth. It was another 96-degree day in this Dominican village near the Haitian border. In the open-air clinic, flies flitted about the dried blood dotting the edges of her open mouth. Some sixty people waited their turn beneath the shade of a few sparse trees on the edge of the sugar field. The summer medical clinic would only be open for another few days before we the volunteers would return to the U.S. With no access to local health care, many of the people sitting beneath the trees would have to wait until next June to see a doctor.

September 2006—El Paso, Texas: On my way to my first day of work at the legal clinic, I found I could open my front door only a few inches. A man was asleep on my doorstep. Flustered, I gavehim a gentle nudge. He excused himself in Spanish, stood up, and placed his vaquero hat on his head. I watched him limp a block south toward the chain-link fence separating the U.S from Mexico. There he joined a group of migrant farm workers awaiting a bus. Isidro, an undocumented immigrant from Juárez, was on his way to work a ten-hour day in the heat of an onion field near El Paso.

April 2009—Omaha, Nebraska: It was the fifth food pantry referral I'd issued that morning at the Community Health Center. This one was for a pregnant single-mother and her two-year-old son –both from Honduras, undocumented, and ineligible for food stamps. She had lost weight since her last visit to the clinic the previous month. She told me she was skipping meals so that she could feed her little boy.

These and other powerful encounters in the heartland of the U.S, on its borderlands and abroad, have called me to understand the experiences of people who live there and the systems and power structures that maintain social injustice. These encounters led me to the Interdisciplinary MPH Program. I want to work towards effective strategies for building social equity.

During my undergraduate Jesuit education at Creighton University, I got hooked by liberation theology. I had no religious affiliation but felt an affinity with Creighton's Jesuit values. My mentors encouraged me to be a woman for and *with* others. My instructors pushed me to be an agent for change and to do so with excellence. Service-learning experiences challenged me to see beauty in every human being and to act as a steward of the earth. Most of all, my education at Creighton challenged me to ask *why*. Why suffering, why racism, why poverty, why disease? Why — and what will I do about it?

Following graduation, I joined the Jesuit Volunteer Corp. As a JV, I spent a year on the U.S.-Mexico border in El Paso, Texas where I worked as a community organizer at a civil rights legal clinic. There, I struggled to make sense of a place that was at once harsh and vibrant: the militarized border and omnipresence of law enforcement; the frequent reports of migrant deaths in nearby deserts; the complex interplay of culture, language, identity, political history, and immigration status in everyday interactions. The beauty, mystery, and tragedy of this place had me thinking hard about who I wanted to be in this mad world. An anthropologist? An attorney? An ascetic hermit? Maybe a social worker?

A year later, I was a medical social worker at a community health center in Omaha. Then I applied to UC Berkeley's School of Social Welfare, intending to also go on for an MPH. Last May, I graduated from Berkeley with my MSW in Management and Planning. I bought my cap and gown with the same condition that I buy any silly new garment—that I would have to wear it more than once. And now I will put on that cap and gown once again this month, as I receive my Masters in Public Health from the Interdisciplinary MPH Program.

These past three years at Berkeley have, I hope, strengthened my effectiveness as an agent for change and increased sense of my hopeful realism. Whereas Creighton taught me to ask *why* and to *be* and agent of change, the Schools of Public Health and Social Welfare at Berkeley have taught me *how* to ask why, and *how* to be an *effective* agent of change. The Interdisciplinary Program in particular has afforded me the space to explore my interests in social determinants of health, policy analysis and advocacy, primary prevention, strategic communications, and public leadership. After graduation, I hope to work as a program manager for an innovative public health advocacy organization focused on achieving health equity through policy, systems, and environmental change.

But before I do that, I'm off to the Alaskan backcountry for a spell...I find that I still have some ascetic hermit-leanings.

Alumni Update

John Downey

MD, MPH 2008

I fondly remember my year in the interdisciplinary MPH program at Cal—though the Spring of 2008 seems like a long time ago. The whirlwind of finishing my master's thesis, graduation, and a quick return to clinical training unfortunately meant I've had little time for reflection on public health and how it would influence my career.

Unlike most of my colleagues from medical school, I came to Cal after my first year of clinics. Having witnessed first-hand the successes and failures of our state's and nation's health network, the experience of full-time clinical medicine informed my study of public health. Needless to say, the MPH was transformative, and I wondered how I would fit back into the rigid framework of specialty residency training and, later, sub-specialization.

I applied for residency in radiology, the specialty also known as diagnostic imaging or medical imaging. Truth be told, there is, unfortunately, little public health in radiology. When a patient has reached the point of needing a radiologic study, she is usually well beyond primary or even secondary prevention, perhaps with the exception of mammography, if early detection counts.. Nonetheless, I was drawn to radiology not because of its public health potential, but because I knew I would enjoy my training and practice.

I completed my internship at Memorial Sloan-Kettering Cancer Center in New York City and returned to California to continue my residency in radiology at Stanford University Medical Center, where I am now finishing my second year. I have two more years of residency and this summer will be applying for an additional year of subspecialty fellowship training in breast imaging. Breast imaging involves screening and diagnostic mammography (X-rays), ultrasound, and magnetic resonance imaging (MRI).

Within a medical specialty that has little to do with public health, breast imaging is one subspecialty that focuses on secondary prevention. It does so by screening for breast cancer. By detecting cancers early before they have had a chance to spread, mammography has been shown to reduce mortality from breast cancer by 30%. As we all know, primary prevention — addressing and resolving causative factors prior to the development of disease — is a major goal in public health. For breast cancer, there are a number of immutable risk factors such as gender, family history, and genetics. But several risk factors are ripe for public health intervention— including radiation exposure, excess weight, and alcohol consumption.

Despite all of the risk factors associated with developing breast cancer, 70% of women with breast cancer have no significant attributable risk factors. So we must rely on secondary prevention by early detection and intervention to reduce morbidity and mortality.

Beyond risk factors for breast cancer, I'm interested in addressing the socioeconomic and racial disparities that manifest themselves in differential rates of mortality from breast cancer. For example, although more white women develop breast cancer, the cancer that affects black women tends to develop at a younger age and has a more aggressive biology. This means that new prevention and detection strategies will need to be established to address these racial disparities. I hope that in the next few years I can begin to integrate more public health principles into both my research and practice.

Although not related to breast imaging, I'm happy to say my Interdisciplinary program project paper, "Is Patient Safety Improving? National Trends in Patient Safety Indicators: 1998–2007," was published the February 2012 issue of the journal Health Services Research. The paper explores the rates of various preventable medical errors across the United States.

Finally, on a personal note, my partner of three years, Brad, and I will be getting married in Hawai'i in 2013.

Third Annual Interdisciplinary MPH Student and Alumni Picnic - May 5, 2012

Karen Weinbaum '12, Nap Hosang

Karl Pope '12, Anke Hemmerling '04, Emily Warming '12, Sverre Harbo '12

Ashley Koegel, Patrick Avila '12

Akiko Ishihara '11, Zoe Chafe '11

Sabrina Gard '12, Kelsie Scruggs '13
(Environmental Health Sciences MPH Program)

Kate Halkerston '12, Alexis Ramirez
Taylor Priestley '12

Gaurav Singh '12, Kate Halkerston '12,
Zoe Chafe '11

Rudolf Isch '99, Nap Hosang, Gary Avedovech