

UC Berkeley School of Public Health Interdisciplinary MPH Program

alumni & student news

Spring 2010

Current Students

Emily Buzzell

MA, MPH 2010



After graduating from college, I served in the AmeriCorps National Civilian Community Corps. In this team-based national service program, I traveled around with twelve teammates doing service projects in communities across the country. Our first project was in Biloxi, Mississippi, where we rebuilt homes that had been destroyed by Hurricane Katrina's 30-foot storm surge. Next we traveled to the Pine Ridge Indian Reservation in South Dakota, where we tutored children at a Boys and Girls Club. After that, I specialized in rough and finished electrical work for a project rebuilding homes in New Orleans' Ninth Ward and nearby St. Bernard Parish, and finished my year of service by installing hurricane shutters on homes in low-income communities in South Florida.

As I traveled from place to place, I interacted with countless Americans who struggled every day with the fallout of our country's fractured health care system. On the reservation in South Dakota, Lakota Sioux teenagers died from homicides, suicides, and motor vehicle accidents at rates several times the national average. Three percent of infants died before their first birthdays and the average male couldn't expect to live past age 50. In Biloxi, I often played ball with a young boy who was not only growing up in a neighborhood marked by devastation, but had been born without arms. In St. Bernard Parish, Louisiana, I saw first-hand how residents grappled with lingering depression, post-traumatic stress disorder, and other mental health problems caused by Hurricane Katrina. New Orleans' rate of homelessness had doubled since the storm, and throngs of homeless people were living under highway overpasses, at the very margins of society and the health care system.

My love of public health began in college, when I majored in Health and Societies and worked with a professor to research patterns of mortality among US troops in the Iraq War. AmeriCorps intensified that enthusiasm for public health, which is why I applied to the Interdisciplinary MPH program at UC Berkeley.

I like how the Interdisciplinary program allows me to explore my diverse interests. Because of all the mental health problems I saw when I was living and working in St. Bernard Parish, for my field project I am exploring the utility of religious leaders in post-disaster mental health care. I am also reaching out to Native American communities to start a dialogue about what kind of interventions will best address their public health crises. In other classes, I am learning how to implement information systems, video, and new media to advocate for public health. I absolutely love the School of Public Health here at Berkeley, and I'm really excited to spend my life working in public health.

I also enjoy all the opportunities I have to pursue my passions in the Bay Area. On the weekends, I serve hot meals to homeless people at Glide Memorial Church in San Francisco's low-income Tenderloin district. Many of the clients of Glide's meals program struggle with health problems. Bill, a homeless

Sandra Tsai

MD, MPH 20003



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Vietnam veteran, uses a wheelchair and requires supplemental oxygen to breathe. Bernard, far from his home in Haiti, has a limited diet because he has lost all his teeth. John, another homeless client, regularly asks me to help him find substance abuse and mental health counseling services. It's so hard to watch these men struggle with such severe social and health injustices. I have a commitment to address these inequities so that these people – and all Americans, from Pine Ridge to Biloxi – can receive the adequate health care they deserve.

After graduation, I would love to work for the Indian Health Service to tackle chronic diseases and maternal and child health problems on reservations, or the Health Resources and Services Administration to implement health care policies for homeless populations. It would be great to do Video Voice projects to empower communities to address and advocate for themselves and their own public health needs. Whatever I end up doing, I am confident that the School of Public Health and Interdisciplinary program have prepared me for an exciting future.



Sandra with her sons Ethan and Luke

How time flies — it's been seven years since I finished the Interdisciplinary MPH program, in 2003.

Two days after the MPH graduation, I gave birth to the first of my three children. Out of necessity and excitement to get to know the newest member of my family, I decided to work part-time as a per diem hospital physician for Oakland Kaiser Permanente, my previous place of full-time employment. Because of the more flexible hospital work schedule, I was able to begin pursuing my interest in working with disadvantaged populations in San Francisco.

A NOTE FROM NAP HOSANG

The program would like to say thank you to Dr Madhavi Dandu in acknowledgment of her leadership role in the Interdisciplinary program over the last three years. Dr. Dandu was acting faculty lead in summer and fall 2009 when Nap was out on medical leave. She made a number of improvements during her tenure with the program, particularly with respect to mentoring medical students. Her contributions are deeply appreciated. We wish her the very best in her career and family life in the coming years as she directs the Global Health Area of Distinction for the UCSF Internal Medicine Residency. She knows she will always be welcome here with the Interdisciplinary MPH program—if she gets bored with UCSF!

The School of Public Health is also moving ahead with plans to establish an online (Hybrid) Executive MPH program next year. The program will be a seven-semester long program fashioned on the Interdisciplinary MPH model. There will be a two-week residential component. Nap will take over from Professor Tom Rundall as the faculty lead on this initiative starting July 1, 2010. Please tell your friends and colleagues who may be contemplating going back for an MPH

I started as a per diem attending physician for St. Anthony's Free Clinic, and then added Urgent Care at San Francisco General Hospital and the San Francisco Department of Public Health's Chinatown Public Health Center to my list of per diem worksites. At all three clinics, I treated adult minority patients without health insurance who primarily spoke non-English languages and had other things in common –social, economic, and environmental circumstances that negatively impacted their health.

I would continually see patients with chronic diseases that were difficult to manage because of the many barriers that prevented them from getting the appropriate medications, diet, physical activity, and social support they needed to improve their health. My clinical experiences reinforced my desire to know more about the other side of disease: prevention, not treatment.

I convinced my husband and, at this point, two young kids, that I would be going back for more “schooling.” In 2007, I started a three-year research fellowship at the Stanford Prevention Research Center. I wanted to examine how socioeconomic status and living environments affected nutrition and physical activity, and to what degree improving access to health care would change disease outcomes. My goal was to bring new research discoveries into practical use by designing and implementing culturally- appropriate preventive programs. During my time at Stanford, I gained additional training in different aspects of quantitative analysis and qualitative research, running clinical trials, grant writing, publishing, and teaching at the undergraduate level. Part of my work has been in a low-income county clinic in Redwood City, evaluating the impact of a nurse- and dietitian-delivered case management model for weight loss and weight maintenance as an adjunct to physician care in patients at risk for heart disease. Our team worked with community members to create a handbook of existing community resources related to physical activity, nutrition programs, and healthcare services. This handbook is now used continually by the community health workers and case managers to encourage participants to access existing community resources to overcome barriers to good nutrition and physical activity. I also focused on developing materials for educational sessions on physical activity and nutrition, and case management materials on different health-related topics. Working in a predominately Latino community taught me a tremendous amount about creating culturally-appropriate intervention programs.

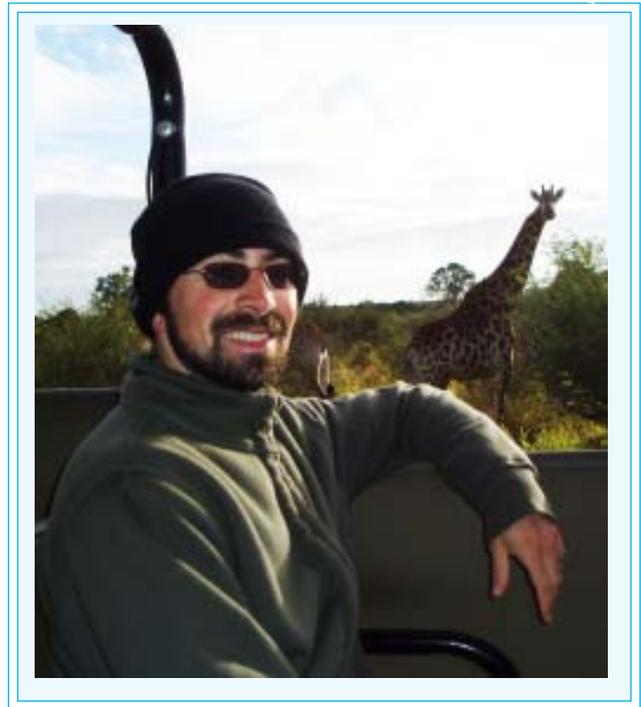
In addition, I work in Stanford's Preventive Cardiology Clinic once a week, where I discovered how little I knew about preventive cardiology. Thankfully, after more than two years of working with leaders in this field (and learning about how difficult it is to change individual-level behavior), I am more convinced than ever that ecological approaches to solving problems, such as the obesity epidemic, will have the greatest impact. This is an approach that future physicians and physicians-in-training may not know much about, and I hope that as I continue to train future physicians, their thinking will shift towards population approaches to change — such as

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!

Current Students

Tony Battista

MD, MPH 2010



Tony on safari in South Africa

Throughout my life, I've been the kind of person who asks a lot of questions. I must have driven my parents nuts with each and every “why?” that leapt from my mouth. But I was encouraged to continue this critical practice, to the extreme of studying philosophy in college. I believe it has made me all the more fulfilled.

The choice to come to UC Berkeley to study public health was inspired by a series of unanswered questions that occurred to me. Throughout medical school, I wondered about the impact that physicians can make in a person's life during a 15-minute visit. I came to the humbling belief that despite our best efforts, physicians have limited control over the largest influences on a person's health. And so I came from the East Coast to California, seeking to understand non-clinical determinants of health and to learn what it takes to promote healthy communities.



As an aspiring community psychiatrist, I'm interested in supporting collaborative approaches that address the health needs of people with serious mental illness and create interventions that maximize the mental health of communities. This year, I was fortunate to link up with the San Francisco Department of Public Health's Direct Access to Housing program, which provides permanent supportive housing to the city's chronically homeless population. As mental illness and homelessness are strongly connected, this partnership was a perfect fit for me.

Alongside a veritable role model (for whom success is measured by *getting stuff done*) and former alumnus of this program, Josh Bamberger, I studied the impact of housing as a health intervention. By analyzing the utilization and cost of public health services before and after people were housed, in those who were previously homeless and living with AIDS, I found that permanent supportive housing reduces inpatient hospital and skilled nursing facility days, increases outpatient visits, and may achieve a total cost-savings to our system.

In my opinion, mental health is the biggest unmet challenge in public health; it is only a matter of time before leading institutions like UC Berkeley will rise to meet it. I expect that what I've learned from my current field project, like those of my colleagues, will go well beyond the classroom and help solve issues of true public health significance.

There have been some unexpected perks to being in the Interdisciplinary program. I thought I would walk away from this experience with a better understanding of public health and its tools of epidemiology and biostatistics. What I didn't realize is that the faculty actually follows through on its stated mission to create leaders in public health. The following are just a few of the universally-applicable skills that were imparted to us in this short period of time: leadership training, working with the media, negotiation theory and practice, community organizing, and delivering an effective message on camera or in a group setting. Knowledge is transient, and gaining proficiency in these areas supports us in achieving any and all of our future public health goals.

I'm not sure I believed Nap when he told us that the most valuable experience in the MPH year comes not from the front of the classroom, but other students. Without a doubt, the greatest perk of being here has been the opportunity to explore the world of public health with such an amazing and eclectic group of people. All bias aside, the interdisciplinary group is hands-down the most tightly-knit discipline in the School of Public Health. Through potlucks and happy hours, Spring Break mountain adventures and clothes-swapping champagne brunches (although I didn't participate in those), life-long relationships have been forged.

Speaking of extracurricular life, my wife Emily and I have fallen in love with the Bay Area. While we miss our family and friends back East, we are happy to have found a place that really fits us. The hiking trails are fantastic and the farmers markets can't be beat for us amateur foodie-chefs. We now understand the Bay Area's reputation for mysterious magnetism.

After graduation, I'll continue my medical training as a psychiatry resident in San Mateo County. I'm excited about this transition; I need to gain competence in the world of mental health at the individual level before I can responsibly effect change at scale. I'm certain that my time here has contributed immeasurably to my understanding of health and my ambitions to make this world a little better for our fellow travelers.

Alumni Update

Juliet Melzer

MD, MPH 2000



People thought I was a bit crazy then I left my practice at UCSF to go the Interdisciplinary MPH Program. Or were they just envious?

I was a transplant surgeon at UCSF. I had long wanted to work abroad, but found myself so involved in my practice that I "couldn't possibly leave".

During my time at Berkeley in 1999-2000, I was re-energized by a rich learning feast. I studied health, human rights, and even the tools of computer literacy was given a chance to develop the most important element of all: the opening of my mind to possibilities of change.

Near the end of my studies at Berkeley, I finally decided to make that change. Instead of returning to my practice at UCSF, I went on to get a Diploma in Tropical Medicine at the London School of Hygiene and Tropical Medicine. This was another rich opportunity to learn from some of the foremost providers of health care in the developing world, and I also had a great time in London.



I went on to work with Médecins Sans Frontières (MSF) —Doctors Without Borders. In part, I wanted to leave my U.S.-based practice, where a lot of care went to individual patients, and to work instead toward more basic health care for larger populations. Ironically, I happened into an MSF mission in resistant tuberculosis which is one of the higher-tech issues that the organization tackles.

TB remains a critical health issue in countries in the former Soviet Union and other hot spots worldwide, and drug-resistant TB is a growing global threat. Coupled with the increased risk of TB in marginalized populations (poverty, overcrowded living conditions, detention) and the association of TB with HIV, the issues are extremely challenging.

The difficulties of TB diagnosis and treatment make the work very absorbing. The diagnosis requires high tech-testing, and the treatment is for two years using a complex combination of several toxic drugs. These drugs are expensive and difficult to access, and treatment and drug delivery systems must be highly supportive of patients. Complications around drug access, pharmaceutical company efforts in research and development for drugs with a less lucrative market place, and the global threat of a contagious disease add to this complexity.

I could not resist the excitement of these challenges, and I abandoned my quest for a more basic approach to health.

My first MSF mission was for one year in Abkhazia, the separatist republic in Georgia. I was intrigued to see how TB affects a population in an entirely different cultural context, and I took my second mission in resistant TB on the Thai-Myanmar border. I spent 13 months treating TB in “refugees” and migrant workers. Many of the patients were in Thailand illegally and could not move freely for fear of arrest, or even to go to a clinic. Treatment delivery for regular TB was done by community health workers roaming the countryside on motorbikes and meeting patients for daily treatment. Patients with resistant TB were housed in a TB village where they received treatment and safe housing. This work was all about how to reach people in need given the particulars of their condition.

These MSF projects have taught me about how resource-limited communities take care of health. As ex-pats, we can help with needed information and material support, but in the long run, we are really just passing through. I saw this when I returned to the project in Abkhazia years later to see the same national staff at work, in spite of the rotation in and out of many ex-pats. I found that in some cases, the treatment delivery of community health workers or the adherence team were the keys to successful outcomes, as they were consistently there to support the development of individual patient responsibility.

I left TB for a while and worked in the bush in Liberia and then in Darfur in general medicine. I returned to TB in Kenya to explore the treatment of resistant TB through an HIV clinic in a Nairobi slum with populations at high risk as a result of poverty, overcrowded living conditions and high HIV prevalence. We struggled to find a balance between protection of the rights of patients with a contagious disease needing safe treatment, and the rights of the community to be protected.

Next I went back to Georgia to explore the development of an MSF program for resistant TB for Georgia itself — as opposed to in one of the separatist republics. I returned there to start the program. It was good to work hands-on and to be involved in the birth of a new program.

After that I worked as a Health Advisor at MSF’s headquarters in Toronto for a year, overseeing general health projects in Nigeria and Ivory Coast and TB projects in several sites.

As my family needs grew, I relocated back to the U.S. and continued to work for MSF remotely. For 11 months, I served as one of MSF’s representatives to the Green Light Committee, a WHO committee that advises countries on resistant TB. This experience showed me the challenges of deciding what compromises are appropriate while applying the best practices of medicine.

Now, ten years later, I feel privileged to have been in the Interdisciplinary MPH program, which has helped give me the skills I’ve needed to keep moving toward new challenges.

Current Students

Dellma Postigo

MPH 2010



I was born and raised in the Dominican Republic. I immigrated to the United States with the goal of becoming a physician because I believe that health is a human right—not a privilege. I was exposed to public health for the first time while volunteering for the California AIDS Hotline. This experience sparked my interest in public health and led me to join the Peace Corps as a health volunteer in Togo, West Africa.



I found public health to be very exciting—and also very frustrating. I thought it cruel to make people aware of a health need when there was no way for them to satisfy that need. How exactly was I helping a mother by telling her that vaccinating her children would prevent them from dying when the village clinic had no vaccines month after month? I thought there was no point in public health without health care delivery.

Five years later, as a third-year medical student at Johns Hopkins, I came to realize that there is no point in health care delivery without public health. I was tired of seeing my patients' health deteriorate due to preventable chronic conditions like diabetes and hypertension. I was also tired of getting dirty looks from the rest of my team when I insisted on listing *homelessness* or *uninsured* on the problem list. I had seen these conditions first hand and now fully understood the need for collaboration between the health care and public health fields.

Despite admission offers from Johns Hopkins and Harvard, I decided to come to UC Berkeley School of Public Health. No other school could match UC Berkeley's commitment to social justice, its interdisciplinary approach, research excellence, and renowned faculty. I chose the Interdisciplinary MPH because its flexibility would allow me to pursue my interests in both infectious diseases and reproductive health. And this year has turned out to be even more exciting than I expected! My classes have taught me the theory underlying public health programs, as well as the realities of trying to design, implement, and evaluate those programs.

I admitted to Nap that my ideal job would be one where I would be able to go back and work in the Dominican Republic (DR), and he suggested I do my MPH project in the DR so I could start learning about its health problems, the health care delivery system, existing organizations, and how I might fit into that picture.

I started a literature search on HIV/AIDS and adolescents in the DR, which led me to a needs assessment on the DR's reproductive health. I remember crying and shaking with anger as I read the descriptions of how mothers and babies died because hospital personnel ignored best practices guidelines which had been developed and published by the Ministry of Health in collaboration with the Dominican Society for Obstetricians and Gynecologists. I decided to do my MPH project on maternal mortality.

For the past several months now, I've been working with the Maternal and Child Centers of Excellence (COE) Project, a collaboration between USAID and the Dominican Ministry of Health and Social Welfare. The ultimate goal of this project is to decrease the DR's maternal mortality ratio which is currently estimated at 150 maternal deaths per 100,000 live births. One of the goals of the COE project is to implement best practices in comprehensive emergency obstetrical care in ten tertiary care centers throughout the country. My study looks at the factors that are facilitating or hindering the implementation of evidence-based medicine to prevent postpartum hemorrhage in two of these tertiary care centers.

My year at UC Berkeley has changed my life in more ways than one. During the past year I've also had a personal crisis that made me question my calling to serve others by improving their health.

Through this, I have received nothing short of unrelenting support from Nap, my classmates, my professors, and the staff at the School. The many lessons I'm learning here will enable me to effectively combine a career in medicine with public health to improve health through community and population-level interventions. I am grateful for all of these experiences.

Alumni Update

Denise Brahan

MD, MPH 2000



Greetings, dear friends. It seems that I have come full circle, somehow, since my days at UC Berkeley. After finishing the MPH program in 2000, I went to the Boston Combined Residency Program in pediatrics and stayed on to do a two year general pediatrics health services research fellowship at Boston Medical Center. There I expanded my interest and skill set around research and program planning in health care disparities, particularly for Asian and Pacific Islanders and subgroups.

I was close to accepting an academic position in California. But in 2005 I took a position at Kaiser Milpitas (Bay Area) in primary care in a job that I have shaped and enjoy greatly.

I suppose it is inevitable that I would work for Kaiser. My husband Michael works for Kaiser in the KP Ventures group on the business development end, and I was born at Kaiser Bellflower. Also, my father has been a registered nurse here for over 35 years, and many of our family members have ties to Kaiser.

Interdisciplinary MPH Student and Alumni Picnic - May 8, 2010

Not a day goes by that I don't use my training from my MPH year: needs assessment, program planning, evaluation, oral and written communication skills, and computer skills. In my current role, I am the diversity lead for Santa Clara and its satellites, comprising over 600 providers. One of the goals for this year has been the implementation of group-specific diversity training videos for providers and staff. I have also been involved in Continuing Medical Education efforts to increase its presence in the sphere of cultural and linguistic competency, and to meet new state guidelines through trainings and website development.

My other passion is using technology to improve both personal efficiency, quality of care, and service. In my role as electronic champion for pediatrics in the four sites, I am involved in the implementation of all new software-based programs, conducting department-specific EMR training updates, one-on-one coaching of providers/staff/departments who seek assistance, and overseeing the program to leverage our relationship with our medical assistant colleagues through communication and technology. Developing a cohort of practice management consultants for our facility will be our likely next step.

As a communication consultant, I meet all the new providers and I am a facilitator for the patient/provider interaction course (known as "charm school" by some). This is similar to the classes taught in medical school that outline the four habits of communication with small group practice with actors. My role also involves one-on-one communication coaching with providers and talks on communication topics (e.g., how to say no, effective telephone service, etc.).

Finally, I run a Stanford fourth year outpatient pediatrics rotation at Kaiser and precept students from the core pediatric rotation. The students really keep me on my toes! But my most important role has been at home. We have grown our family from two to six since the MPH program and Kathleen (9), Timothy (7), Ryan (5), and Natalie (2 1/2) are our greatest joy. They keep us busy with school, sports, and music. I'm known as the field trip chaperone least wanted by third grade boys, because I am so strict.

Thanks to the Interdisciplinary Program, Nap and Laura for helping give me the building blocks for my career—which has far exceeded my expectations in satisfying my professional goals, while also giving me a balanced life outside of medicine!

WE'D LIKE TO HEAR FROM YOU....

Please clip and send to *Interdisciplinary Alumni and Student News*, UC Berkeley School of Public Health, c/o 50 University Hall, Berkeley CA 94720-7360.

Name _____

Address changes (mailing, email) _____

Update on work and family information _____



Dellma Postigo, Baharak Amanzadeh, Emily Buzzell and Leslie Kernisan (Class of '10)



Keith Hermanstyne (Class of '08), Nap Hosang