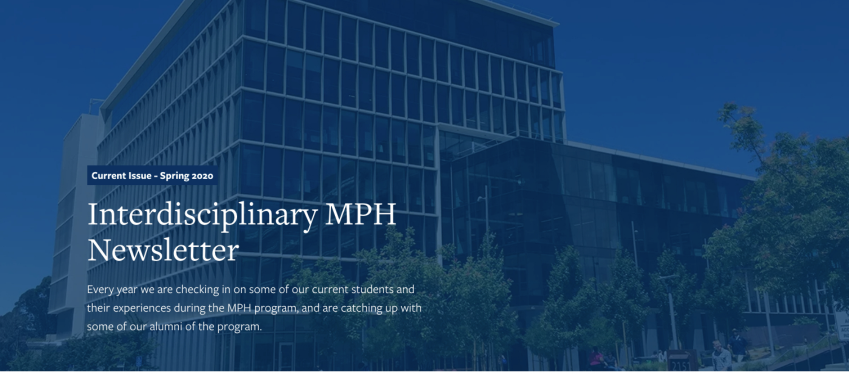


Current Issue - Spring 2020

Interdisciplinary MPH Newsletter

Every year we are checking in on some of our current students and their experiences during the MPH program, and are catching up with some of our alumni of the program.

Director's Corner

Another year blew by, and the class of 2020 will graduate in a few weeks.

But this year has been one of many challenges for our students and the UCB campus. First, classes were briefly suspended because of the PG&E outages last fall. And then the entire campus closed and all classes went online for the second half of the spring semester because of COVID-19. Many MPH research projects, which often get conducted in February and March, had to be re-envisioned on very short notice. The graduation ceremony will likely be cancelled, and we are getting prepared to conduct all summer session classes online.

We are grateful to all our current students for their can-do spirit, and especially to the many students and alumni of our program with medical and public health expertise who are now actively involved as frontline responders to fight the pandemic all over the nation and the world.

As one of our students told me, these days we are all living public health history. If there ever was a time to remind society what public health is and why it is important, here it is. And, given the fact that this pandemic illustrates the terrible impact of economic and health disparities, we also hope that this crisis will bring renewed focus on improving our underlying economic and health care systems.

Under the circumstances we won't be able to hold our annual alumni party in May, but we will stay connected through other avenues, such as this newsletter.

Stay safe and well everyone in these trying times,

Anke and **Karen**

Anke

Karen

Crister Brady

MD, MPH 2017

I am so grateful for the many moments at UC Berkeley that together have influenced my current clinical practice and perspective on community health. Now in my second year as a resident physician in Family and Community Medicine at UCSF, I am just as excited to continue the community health learning and partnerships that the Interdisciplinary MPH program helped me develop.

My path in medicine and public health would not be possible without the influence of important mentors. Dee Marie Chavez is one of them. Beginning in my first year of medical school at UC Davis I had the opportunity to meet Dee, who at the time was experiencing homelessness. I learned from her story of resiliency, love, and endless care for the community of people and place that she calls home. Together we developed a life history interview project with a community of people experiencing homelessness along the Sacramento River. These interviews and Dee's example of selfless and tireless care for others opened a window into the health promotion activities of a unique group of people. Even while experiencing homelessness this community shared stories and showed direct examples of how they care for each other in the midst of seemingly insurmountable structural forces negatively affecting health and wellbeing. Ultimately, the life history interviews led to long term relationships and the creation community health events and health promotion that were driven by community leaders.

With a desire to spend a dedicated period of time focusing on this project, I enrolled at Berkeley and was provided with new avenues to explore community health partnerships. Highlights included my classes through the school of social work exploring the methodology of narrative therapy and learning directly from professors who encouraged me while providing a critical lens on storytelling and the dangers of 'othering' in research. Courses on human-centered design provided examples of creative and inclusive ways to engage with public issues. Additionally, my classmates across the MPH program pushed me to think critically of my own biases and power in new and important ways. The year culminated with the capstone presentation in which I had the honor to share the podium with Dee and other community leaders. It's difficult to describe the impact that the presentation had on the presenters. By giving space for stories of community health leadership, the effects have been far-reaching and empowering for everyone involved. This last Fall, Dee and I presented as the culminating speakers at the International Street Medicine Symposium on how life history interviewing can help recognize and build community leadership. Dee and her community's leadership serve as an example of how health systems can learn and build from intrinsic health promotion efforts.

Now as a family medicine resident at San Francisco General Hospital my colleague and I are in the beginning stages of developing partnerships and curricular structures with the goal of making medical care and resident training more community centered. Recognizing the importance of place on health outcomes, we are building partnerships with community leaders in the Southeast neighborhoods of San Francisco. These neighborhoods have some of the worst health outcomes in the city, yet also have histories of health organizing and community strength. Through a year-long listening process with life history interviewing and the development of patient panels in the primary care setting with a majority of patients from these areas, this project will help coordinate the creation of neighborhood-specific Community Advisory Boards to guide the outreach efforts and develop curricular change in residency education.

Beyond residency I plan to continue learning and collaborating directly with community members and my patients. The possibilities of collaborations built from deep listening and neighborhood-specific organizing in health are exciting. I envision a career in medical education and direct patient care continuing such collaborations. I am grateful for my time at Berkeley with the Interdisciplinary MPH program for providing open-ended support and unique opportunities for learning and reflection.

Julia Kramer

PhD, MPH 2020

I began studying engineering because I enjoy solving problems. When I was a mechanical engineering undergraduate student, I realized the part of problem-solving I enjoyed most was coming up with creative ideas to address complex problems. I grew increasingly passionate about exploring how engineers like me could come up with solutions to big societal problems.

Seven years ago, while I was studying mechanical engineering at my undergraduate institution, I started to work on a formative project that aimed to teach midwives in Ghana to screen for cervical cancer. While working with midwives in Ghana and a team of engineers in the U.S., I quickly learned that my engineering skill set wasn't enough on its own. The challenge I was trying to address was too complex for my technical skill set alone.

I grew disillusioned with the amount of power granted to engineers and other "technical" problem-solvers. Engineers like me were increasingly taking charge of — and being charged with — solving problems that they didn't necessarily understand. Therefore, I became passionate about understanding how engineering skills could be paired with other forms of expertise, including community expertise, implementation expertise, and public health expertise. This passion became the impetus for my academic research and graduate school career.

As I entered into my Master's in mechanical engineering and later my PhD in mechanical engineering at UC Berkeley, I began to seek out opportunities to learn more from people in other disciplines. I found myself increasingly drawn to the field of public health, and I admired the ways that public health practitioners combined their focus on research and evidence with their goals to actually implement solutions in the world.

Inspired by public health, I was able to carve out a health-focused dissertation within mechanical engineering: studying the role of design in creating and implementing programs to improve access to cervical cancer screening. As I was wrapping up my dissertation research, I was drawn to the Interdisciplinary MPH program at UC Berkeley because I wanted more training in the theories of health and public health. I spent my last year of grad school writing my dissertation and completing the Interdisciplinary MPH program.

I've had the fortune to be a UC Berkeley student for the past six years. In all my time here, I've seen the campus go through massive changes, including the construction and eventual opening of the new Berkeley Way West building which now houses the School of Public Health. I've been a part of the growing focus on interdisciplinarity across campus. I've seen the solidarity that Berkeley students and faculty show with folks on the front lines of marginalization as we've encountered things like the far-right movement, climate change, and rising costs of living in the Bay Area.

UC Berkeley is a unique place, rich in history and full of learning opportunities for scholars in every academic discipline. As a public university located in one of the most progressive and diverse parts of the nation, UC Berkeley brings together thinkers and doers who are diverse in thought, in background, and in experience. UC Berkeley's School of Public Health (BPH) is a microcosm of all that UC Berkeley has to offer. The BPH is home to leading thinkers in the social determinants of health, life-course theory, and community-based participatory research. The BPH recognizes the value of different forms of knowledge and research, elevating the rigor and relevance of both qualitative and quantitative approaches to understanding health.

For all of its progressive roots and its opportunities for students, UC Berkeley and the BPH are imperfect. This past year alone, we've faced serious troubles in navigating "resilient instruction" in the face of campus closures due to wildfire smoke, in providing graduate student researchers and instructors with a living wage appropriate for the Bay Area cost of living, and in navigating the appropriate campus response to COVID-19. On top of all these external pressures, my classmates and I in the Interdisciplinary MPH face a massive workload of 42 units expected to be completed in 11 months.

My strategy to successfully navigate the Interdisciplinary MPH workload has been to apply most, if not all, of my classwork to a particular topic area. Instead of embarking on a range of class projects and papers spread across different health topics, I chose to base all of my classwork around one topic: cervical cancer. Seven years ago, when I was an undergraduate student working in Ghana, cervical cancer was the topic that got me thinking about the limitations of my own knowledge and expertise. Cervical cancer is the subject of my PhD, and now, cervical cancer is the focus of my Interdisciplinary MPH capstone. My Interdisciplinary MPH capstone is a policy analysis of the strategies employed by the governments of Australia and Rwanda as these two countries got on track to eradicate cervical cancer in the next few decades. With this as my MPH capstone, I took every opportunity to write class papers and to engage in class projects on the topic of cervical cancer eradication.

For me, this approach has been helpful in finding a concrete toehold in the abstract theories and concepts of public health. I came into the Interdisciplinary MPH knowing a fair amount about cervical cancer, but I learned so much more in the past 11 months by applying well-known theories (e.g. lifecourse theory) and concepts (e.g. social determinants of health) to better understand the disease. This has served me well academically and professionally; my dissertation is stronger for my new-found understanding of public health and my professional ambitions have been shaped by my foundational public health education.

As I'm preparing to graduate and make the big leap out of university into the working world (6 years is a long time to be in grad school!), I'm looking for opportunities to continue working at the intersection of design and health. I've applied for a range of academic research positions with the hopes of driving forward my work to apply design to improve health around the world. I am no longer the bereft engineering student, frustrated by all I do not know. I am now the motivated researcher and practitioner dedicated to reaching across disciplinary boundaries and outside of the university setting to work together on complex health challenges. The Interdisciplinary MPH has been instrumental in shaking up my worldview and putting me on an interdisciplinary career path!

Anthony Pacini

MD, MPH 2020

The opportunity to pursue my Master's in Public Health at UC Berkeley has come at the perfect intersection of my past experiences and my future career goals. During undergrad while obtaining my Bachelor of Science in International Rescue and Relief I was provided the opportunity to learn the basics of health care structure both in and out of the United States. This experience heavily emphasized the complexities and nuisances of health care delivery in different cultures and environments. It was also during this time that I learned the value of immediately applying learned knowledge and concepts in a real work environment which has been a core component of my current learning experience at UC Berkeley. Following my studies as an undergrad I was fortunate to attend Loma Linda School of Medicine which provided a strong focus on medical outreach and whole person care; viewing health as not just a physical state of well-being, but a culmination of mental and spiritual health as well. These ideals have been rooted in my continued medical career and I find myself continually reflecting on these prior learning experiences while studying at UC Berkeley.

My last 5 years were spent training and working as a US Naval Aviation Medicine Physician and gave me the opportunity to work both with Navy and Marine aviation squadrons. The military population is a unique cohort given their pre-screened nature and generally healthy baseline health. This allowed me to focus more time on injury prevention, injury recovery and safe work environment interventions as well as surveillance and delivery of high-quality preventative medicine. My continued interest in the inherent connection between mental and physical health and one's work environment ultimately led me to pursue a career in Occupational and Environmental Medicine. The pursuit of whole person care has been at the heart of my career decisions thus far and I have found my past experiences and these principles are directly in line with public health as a whole and mirror the core values that Berkeley stands by.

For me, the Berkeley Interdisciplinary MPH is a part of my 2-year Occupational and Environmental Residency at UCSF. Obtaining an MPH is an integral part of most Occupational and Environmental Medicine Residencies and for me one of the main factors I considered when choosing where to complete my residency was the strength of the MPH program, making the UCSF and UC Berkeley program the top of my list. The courses I have taken this year have been invaluable in preparing for my future career and have strengthened by understandings of environmental health risks, toxicology, health care systems, preventative medicine best practices and surveillance and management of common workplace exposures. I have been able to cater my schedule to topics and interests which are vital for my continued progression in my field. The curriculum has been challenging, especially given my UCSF commitments, 2 children at home, and having not been in the academic world for almost a decade. However, the support from my colleagues and instructors and the direct application of my studies has made the challenge manageable and I am eager to take what I have learned forward in my career to provide safer environments for workers both in and out of the military.

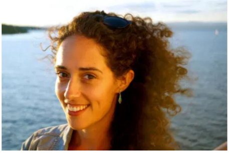
In addition to my studies, my family and I have thoroughly enjoyed being able to experience life in the Bay Area. Every weekend allows for new adventures and experiences. We have spent time hiking on the many trials of Tilden Regional Park, managed to have several weekends away in Santa Cruz and Monterey and have slowly been checking off as many restaurants as we have time to eat at. Having grown up in the Napa Valley, it has been such a gift to share this area that I love with my wife and my children and the memories we have made and will continue to make here will always be treasured.

For my capstone project I have decided to focus on an issue that is close to my heart given my 1 year old is constantly putting random objects in his mouth. In coordination with California Poison Control Center I have been evaluating accidental pediatric poisoning due to household cleaners. In my prior position as an aviation medicine physician a major part of my job was evaluating the complexities and human factors associated with aviation mishaps. The focus of these investigations always came down to root cause analysis and I have taken a similar approach in my analysis of my capstone project with a focus on all the factors that can lead to a preventable and dangerous event. My studies and the support I have gotten from mentors and staff have been essential in my progression. I have used the coding and analysis skills I learned in Biostatistics for data evaluation and visualization. My epidemiology classes have helped me adequately and effectively consolidate my findings and portray them in a way that is pertinent and applicable to public health. The continued support I receive from my fellow IDPH students and faculty has made a daunting project possible.

Moving forward with my career I am confident I will often look back to this year not only to draw from the knowledge and skill I have gained but also to reflect and draw from the relationships I have made. The interdisciplinary program brings students from all over the world with immensely diverse backgrounds and skillsets. At first this was an intimidating factor but as the year progressed it became abundantly clear that public health brings like minded people together in the best of ways and there wasn't a single person in my cohort that I couldn't learn from.

Meredith Palmer

PhD, MPH 2015



Putting my PhD on hold to do a Master's in Public Health during the third year of my doctoral degree was unheard of in my home department, Geography. Already the first Native American person (Tuscarora, Haudenosaunee of Six Nations of the Grand River) to ever go through the Geography graduate program at UC Berkeley, and with a focus on Indigenous geographies, I was accustomed to pushing the boundaries of my discipline. With my dedication to the wellbeing of Native peoples already rooted, I found that if I wanted to speak to a wider audience, I would need practical knowledge of medical and health care systems and to understand the various schools of thought around public health. Taking time to go through the IMPH program made my degree time a bit longer, but it's a decision I've never regretted.

During one of my public health classes, a colleague said to me something that was both heart-breaking and revealing: "you're going to have to do a lot of work convincing people that Native American health matters, because it is such a small population." The implications of this statement weigh heavily on me. It is one thing to note that there are 5 million Native American people in the United States: certainly, a significant enough population if one calculates in absolute terms. Someone who works in Native American health will always contend with overcoming dual hurdles of misinformation and a lack of information about our histories and our current social and political lives. We are spread out across our lands that have been divided into 50 states, with over 500 different tribal nations and diverse urban Native communities, who all have differing health care needs. Health researchers and practitioners may not realize that many tribes, in their treaties with the US federal government, were pledged access to medical care when they were forced, deceived, or other-how convinced to turn over their lands to the US government. The Indian Health Service (IHS) is a treaty obligation that receives paltry funding at the behest of congress each year. Conventional public health mechanisms of counting the people who are defined as Native American—though who come from vastly different places, histories, worldviews, and tribal-national identities—as part of a singular group or "race," often don't account for the particularities of each community, urban or rural. For example, now as COVID-19 hits Native communities at shockingly high rates, data about Native Americans as a whole is left out of the conversation, even as many communities and tribal nations are both at risk of losing lives and also being robbed of languages and cultural practices, as elders who hold this knowledge succumb needlessly and preventably to the disease. Advocating for the health and wellbeing of Native American people takes a steadfast love of our communities, and the freedom to push the boundaries of public health convention. I found the ability to foster both during my time in the freedom of the IMPH program.

A real strength of the program is how students are encouraged to connect directly to local, national, or international partners to work in real-world public health situations. I was able to do a health needs assessment with the Native American Health Center (NAHC) of the San Francisco Bay Area in Oakland. This was a unique and humbling opportunity: the NAHC began in 1972, when Native American professionals and activists organized in urban centers to provide culturally relevant and much-needed health care to their urbanizing communities. Over 40 years later, the NAHC is still very much needed, and a site where extremely innovative community workers work to serve an ever-changing group which has many, varying needs. Working with people there was a compelling experience, where I began to understand the difficulties of caring for the well-being of Native American and Indigenous people through complex and flawed health care infrastructures.

My work remains grounded, personally and professionally, in social theory and Indigenous lives, lands, and sovereignty. This May, I will conclude my graduate career at UC Berkeley and receive my PhD from the self-isolation of home. My well-rounded training in public health has allowed my work to gain purchase among broader audiences: among biogeneticists, health care providers, and community members. In July I will begin a UC Presidential Postdoc with Dr. Mishuana Goeman at UCLA in the department of Gender Studies department and the American Indian Studies program. Following this, starting late fall 2020, I will take a position as a Cornell Presidential Postdoc with Dr. Suman Seth in the Science and Technology Studies department, and Dr. Jolene Rickard in American Studies and the American Indian and Indigenous Studies Program. My postdoc projects will focus on Indigenous data sovereignty, a vital contemporary concept that aims to rectify colonial histories of extractive public health and biomedical data collection processes by placing collection and control in the hands of communities and tribal governments. In these times of emboldened racisms and volatile inequalities—now in the times of COVID-19 more caustic than many realized—teaching people how to think critically about the world they encounter and its history, remains my ambition.

Terrell Smith

MD, MPH 2020

My interest in pursuing an MPH was a decision I made after finishing undergraduate studies in science at Penn State. I went on to pursue my MD at the University of Virginia and in my final year there I was faced with the difficult career decision of choosing between interventional radiology and family medicine for residency. To some, entering an MPH program between medical school and residency is an odd choice, however, having decided on family medicine, I came to believe that an MPH would be integral to my upcoming career. The nature of primary care is driven through preventative medicine and it is imperative to understand the role of public health in promoting wellbeing. Very often, what I witnessed in medical school was people simply being treated once sick, but when I had the chance to work in rural Virginia, I got to see a different side of medicine. In this setting, resources are so much more scarce; resulting in preventative medicine being highly prioritized and this became very important to the ways I think about treating a community. My goal of using an MD and MPH involves eventual leadership opportunities and potentially a career in medical politics as we approach a necessary change in our handling of healthcare in the United States.

My experience at Berkeley in the interdisciplinary MPH has been unique. The workload I took on the first semester was diverse; I got to take classes in the school of public health, business school, school of public policy, and even a class with the law school. The interdisciplinary program afforded me this opportunity and while it seems a bit overdone, it gave me a chance to make connections and gain a better understanding of all the different individuals and specialties involved in our nation's healthcare. Given all of these new connections and basic understandings, I foresee this diverse course load as enabling one day to have discussions with business executives, lawyers, doctors, public health workers, and policy makers on a basic enough level that I can provide my expertise in a useful way. In a sense, I took interdisciplinary in the most literal way and focused much of my time outside the school of public health itself.

My capstone project was through UCSF exploring the preparticipation evaluation requirements for youth athletes and how to make the patient volume more manageable in rural settings. I am an avid sports fan and will be applying for a sports medicine fellowship after residency, which is why I picked this project. Additionally, it was remarkable how supportive everyone is through the process of creating your project. You are given the chance to explore your interests and create a project you may continue into the future; which I did not find to be true in the other programs that I applied to!

With that said, I have had plenty of time to explore California and the surrounding areas through hiking, trips to visit friends on the west coast, attending sporting events, and travelling the pacific highway for a trip in southern California. That is the key to the interdisciplinary MPH, in my opinion. While it sounds busy, you have so many opportunities and free weekends to explore and the program is run in a flexible manner that is most conducive to your preferences. Additionally, the connections you make with your cohort are amazing, it is remarkable how much each person taken into the program has already achieved, but at the same time everyone wants to work and learn from the experiences of those around them!

The structure of the program is made to work with you. I have also been applying to residency in family medicine during my MPH and have been able to attend interviews all over the east and west coasts. I was worried that this would not fit into the schedule, but I was reassured that it would work—and they were right all along! With my degree in the future, I think I will attempt to obtain leadership opportunities early on in my clinical career, with a new focus on proper education, preventative medicine techniques, and frequent communication with other leaders to help improve health care expenditures and efficiency. If this leads to a political appointment, that would be excellent, but only time will tell. I think it is key to continue learning and the MPH has given me the foundation that I need to have a continued involvement in my public health interests moving forward! The most important thing I have gained is the connections and the knowledge from the other individuals and alumni who have gone through this program – I am excited to see how the network that began for me at UCB continues to grow throughout my career!

Camila Vitar Gomez

MD, MPH 2020

I started my career in medical school at Universidad Mayor in my home-country Chile. After I graduated, I worked in a primary care center with vulnerable populations, specifically the elderly. While I was working in primary care, I conducted home visits for home-bound seniors. My experience showed me how disability took control of their life; their legs were rigid, they couldn't walk or move freely, and they had pressure sores. Coming in this late in their life made me feel powerless and I realized it wasn't enough to just be a physician. I believe seniors should live in better conditions and have access to more resources, both for health and well-being. If I wanted to make real change, I needed to do something more: dedicate my career to public health. I want to advance health care, develop innovative strategies, and improve people's lives; I knew that with a master's degree in public health I would be better prepared to do it. UC Berkeley is a superior educational institution that has the legacy of transforming the way we face health. With UC Berkeley's educational excellence I decided to enroll in an MPH while my husband would pursue his MBA.

In the Interdisciplinary MPH program, I have the opportunity to learn from inspiring professors that encourage critical thinking in order to enhance public health knowledge. I enjoyed furthering my education at UC Berkeley because of the diverse professional backgrounds of the professors, lecturers, and students. The cultural diversity in the classrooms makes discussions and lectures exceptionally interesting. The MPH courses inspire you to think bigger, develop innovative ideas, and deploy new public health approaches.

The most challenging part of the program for me has been the language barrier. However, because of the availability of campus resources and the strong support system of classmates and professors, I was able to improve my grammar, strengthen my writing assignments, and feel more comfortable expressing my opinions in class. The program has an intense course load of 42 units in one year; in comparison, my husband has to complete 51 units in two years. While this seemed impossible in the beginning, I've managed to overcome these challenges by dedicating more time to prioritizing content, studying and preparing for each class.

In order to be able to complete my MPH, being located in the Bay Area has proven an important factor in dealing with stress. I enjoy spending my time hiking, camping and visiting the many San Francisco attractions. I appreciate the opportunity of driving the surrounding National Parks, barbequing with friends at the Berkeley Marina, or learning how to ski at Lake Tahoe; these have been some of my favorite ways to spend my extra time here.

At the end of May, I'll come back to Chile to keep pursuing my career goal to improve outcomes and quality of life of the elderly. I see myself achieving this goal from two levels. First, I would like to pursue a specialization in geriatrics, to increase my technical knowledge about elders. Second, I would like to work for the Ministry of Health in Chile to develop innovative intervention programs, that can contribute to academic discussion, and public policy initiatives. The Interdisciplinary MPH's multidisciplinary vision will help me get where I want to be.