

**Interdisciplinary MPH  
Program Student Handbook  
2022-23**



UNIVERSITY OF CALIFORNIA BERKELEY  
SCHOOL OF PUBLIC HEALTH

## EMERGENCY CONTACTS

**Emergency response:** Dial 911 from any phone (on or off campus) to report an imminent threat to life or property.  
**From a cell phone**, dial direct for faster emergency response:

- UC Berkeley Police: **(510) 642-3333**
- City of Berkeley Police/Fire: **(510) 981-5911**
- Alameda County Sheriff: **(510) 667-7721**

### Emergency information

Campus emergency information line: **(800) 705-9998**  
 During an emergency, this recorded message will be updated with the latest information.  
 Campus radio station: **KALX (90.7 FM)**  
 City of Berkeley emergency broadcast station: **1610 AM**

### Non-emergency contact numbers

- UC Berkeley Police: **(510) 642-3333**
- City of Berkeley Police: **(510) 981-5900**

<b>STUDENTS</b>	
<b>Life threatening emergency</b>	Go to the nearest hospital emergency department or call 911 (on-campus or off-campus) if an ambulance is needed. The closest hospital emergency room to campus is <a href="#">Alta Bates Hospital, 2450 Ashby Ave, just east of Telegraph Ave.</a>
<b>Urgent: Medical Problem</b>	<p><b>When Tang is Open:</b>                      Come directly to <a href="#">Urgent Care</a> at the Tang Center. Urgent Care parking and entrance is located on Durant Avenue between Fulton and Ellsworth Streets. Tang is open</p> <p><b>When Tang is Closed:</b>                      If you have an urgent medical problem that cannot wait until the Tang Center is open:                      er Hours Assistance Line at (510) 643-7197 for immediate assistance. If you need to speak with a counselor urgently, call the 24/7 counseling line at (855) 817-5667. SHIP members may contact the Aetna 24/7 nurse line at (800) 681-4065. ●                      Find a local <a href="#">Urgent Care Center</a> with extended hours</p> <ul style="list-style-type: none"> <li>● See <a href="#">After Hours Assistance</a> for information on emergency contraception, dental emergency, pharmacy refills, more.</li> <li>● find a local emergency room (The closest hospital emergency room is to campus is <a href="#">Alta Bates Hospital, 2450 Ashby Ave, just east of Telegraph Ave.</a> )  <i>Please note:</i> care may be at your own expense; emergency room care typically cost significantly more than urgent care centers.</li> </ul>
<b>Urgent: Mental Health Concerns</b>	<p><b>Although, CPS and Social Services operate on an appointment basis, a student may face an urgent concern or crisis that feels too overwhelming to wait for a scheduled appointment.</b></p> <p><b>During Business Hours</b>  <b>Counseling and Psychological Services</b>                      Come to Counseling and Psychological Services on the 3rd floor of the Tang, for in-person crisis assessment and intervention. Please inform a staff member at the reception desk that you have an urgent concern. Wait-times vary depending on the time of the day, but CPS counselors will see all students in crisis on the same day they come in. You can call CPS at (510) 642-9494. <b>Social Services</b>                      For urgent concerns related to sexual assault, IPV, pregnancy, disordered eating, or alcohol and other drugs contact Social Services at (510) 642-6074 for in-person crisis assessment and intervention. Please inform a staff member at the reception desk that you have an urgent concern.</p> <p><b>When Tang is Closed:</b>                      Call our After Hours Support line at (855) 817-5667. .</p>
Sexual Assault	<ul style="list-style-type: none"> <li>● In the event that you or someone you know is sexually assaulted, please do the following:</li> <li>● Get to a safe place first.</li> <li>● Do not shower or change your clothes.</li> <li>● Call someone you would like to have with you.</li> <li>● Call the police if you decide to report the assault and they will accompany you to the hospital for medical care.</li> <li>● If you are not ready to speak to the police, call the UHS Advice Nurse (510) 643-7197 to determine the best plan for taking care of yourself. (When Tang is closed, call Bay Area Women Against Rape: (510) 845-7273.)</li> <li>● Contact Social Services at UHS for follow-up counseling or other assistance, (510) 642-6074</li> </ul>
Interpersonal Violence (Domestic Violence)	<ul style="list-style-type: none"> <li>● When Tang is Open: Get immediate medical attention. Come to Urgent Care at Tang. Urgent Care parking and entrance is located on Durant Avenue between Fulton and Ellsworth Streets.</li> <li>● When Tang is Closed: Get immediate medical attention. Call campus police at (510) 642-3333 or your local police for assistance. For referrals to local resources call the After Hours Assistance line at (510) 643- 7197.</li> </ul>

Dear Interdisciplinary MPH Class of 2023:

Congratulations again on your acceptance to the Interdisciplinary MPH program at the School of Public Health, UC Berkeley. We are looking forward to a productive year of learning with you!

No better time to become a public health leader than in 2022!

The COVID-19 epidemic keeps the country in thrall, the climate crisis develops mostly unchecked, and fundamental human rights are under attack in the US and around the globe. We are excited to start the year with in-person summer sessions again and will hopefully continue classes on campus all throughout the year, as the Bay Area is keeping the COVID 19 epidemic in check.

We are all working hard to ensure that all students continue to thrive in an abundant academic environment not only within the School of Public Health, but also the larger UC Berkeley campus. The richness of the UC Berkeley community lies not only in its course work and faculty, but you will find that some of the most important educational lessons and connections will come from your many talented classmates.

The Interdisciplinary Program faculty and staff are looking forward to getting to know each of you, and we are committed to your success both during the year at UCB and after you graduate. Feel free to reach out to us with any questions to [ipmph@berkeley.edu](mailto:ipmph@berkeley.edu) or [ahemmerling@berkeley.edu](mailto:ahemmerling@berkeley.edu)

Best wishes,



Anke Hemmerling, MD, PhD MPH  
Director, Interdisciplinary MPH Program, UC Berkeley School of Public Health  
UCSF Bixby Center for Global Reproductive Health  
Email: [ahemmerling@berkeley.edu](mailto:ahemmerling@berkeley.edu)

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## 2022-23 BERKELEY ACADEMIC CALENDAR

### 2022 Fall Semester

Fall Semester Begins	Wednesday, August 17, 2022
Convocation	To Be Determined
Instruction Begins	Wednesday, August 24, 2022
Academic and Administrative Holiday	Monday, September 5, 2022
Academic and Administrative Holiday	Friday, November 11, 2022
Non-Instructional Day	Wednesday, November 23, 2022
Academic and Administrative Holiday	Thursday, November 24 & Friday, November 25, 2022
Formal Classes End	Friday, December 2, 2022
Reading/Review/Recitation Week	Monday, December 5–Friday, December 9, 2022
Last Day of Instruction	Friday, December 9, 2022
Final Examinations	Monday, December 12–Friday, December 16, 2022
Fall Semester Ends	Friday, December 16, 2022
Winter Commencement	To Be Determined, commencement.berkeley.edu
Academic and Administrative Holiday	Friday, December 23 & Monday, December 26, 2022
Academic and Administrative Holiday	Friday, December 30 & Monday, January 2, 2023

### 2023 Spring Semester

Spring Semester Begins	Tuesday, January 10, 2023
Academic and Administrative Holiday	Monday, January 16, 2023
Instruction Begins	Tuesday, January 17, 2023
Academic and Administrative Holiday	Monday, February 20, 2023
Spring Recess	Monday, March 27–Friday, March 31, 2023
Academic and Administrative Holiday	Friday, March 31, 2023
Cal Day	To Be Determined, calday.berkeley.edu
Formal Classes End	Friday, April 28, 2023
Reading/Review/Recitation Week	Monday, May 1, 2023–Friday, May 5, 2023
Last Day of Instruction	Friday, May 5, 2023
Final Examinations	Monday, May 8–Friday, May 12, 2023
Spring Semester Ends	Friday, May 12, 2023
Commencement	Saturday, May 13, 2023
Academic and Administrative Holiday	Monday, May 29, 2023

### 2023 Summer Sessions

Session A (Six Weeks) Begins	Monday, May 22, 2023
Academic and Administrative Holiday	Monday, May 29, 2023
Session B (Ten Weeks) Begins	Monday, June 5, 2023
Academic and Administrative Holiday	Monday, June 19, 2023 (Monday classes meet Friday, June 24)
Session C (Eight Weeks) Begins	Tuesday, June 20, 2023
Academic and Administrative Holiday	Tuesday, July 4, 2023
Session A Ends	Friday, June 30, 2023
Session D (Six Weeks) Begins	Monday, July 3, 2023
Session F (Three Weeks) Begins	Monday, July 3, 2023
Academic and Administrative Holiday	Tuesday, July 4, 2023
Session F Ends	Friday, July 21, 2023
Session E (Three Weeks) Begins	Monday, July 24, 2023
Sessions B, C, D, and E End	Friday, August 11, 2023

\*\*\* Pending approval

Updated by the Office of the Registrar, February 4, 2022



**PROGRAM DESCRIPTION**  
**UC Berkeley School of Public Health**  
**Interdisciplinary MPH Program**

**OVERVIEW**

The Interdisciplinary MPH is an accelerated, 11-month program designed to meet the needs of mature scholars with diverse cultural and professional backgrounds who have specific public health career goals in mind. The program focuses on an interdisciplinary understanding of complex issues and the leadership challenges of successful interventions in public health. Graduates leave as well-rounded public health professionals with a heightened understanding of the importance of a multidisciplinary approach to public health practice.

The class size ranges between 20 and 25. Originally dominated by mid-career physicians, the program now accepts senior medical students, residents, and fellows. In addition, we also actively recruit applicants with a range of professional background who hold a master's degree or the equivalent, and who have significant health care experience or interest in public health. Applicants from the fields of journalism, business, social work, anthropology, economics, law, and others are encouraged if their future career paths include public health activities and/or significant interaction with public health systems.

The Interdisciplinary Program's curricular flexibility allows successful applicants, in consultation with their faculty advisers, to develop an individualized course of study tailored to meet their needs. In addition to the required courses at the School of Public Health, elective courses may be chosen from any of the academic offerings across the Berkeley campus. A mentored MPH project, to be conducted throughout the year, is required for completion of the program.

**MISSION**

The mission of the 11-month program is to offer our students the opportunity to gain a professional skillset that will allow them to take on the most pressing public health challenges. These skills will be taught in required courses, electives, and small group seminars that run throughout the year. The goal is for students to apply these skills as they develop, implement, and disseminate a final MPH project. The Interdisciplinary Program core faculty are committed to student success during the year and after graduation.

**COMMITMENT TO ANTI-RACISM**

At Berkeley Public Health we strive to create an anti-racist learning environment and commit to teaching this course, to the best of our ability, with an antiracist, racial justice, and equity-minded lens. We invite you to take this journey with us by being fully present. We are interested in your perspectives and in the value and knowledge you bring to help make this an enriching classroom environment.

We view this syllabus as a dynamic document oriented toward learning and not just coverage of material; thus, we may add or modify topics covered, assignments, and resources (e.g., required readings/videos) slightly based on the needs and interests of students in the course. We welcome feedback and input at any time and invite careful reflection of any modifications that may help improve the course in the future.

As your instructor team, we agree that:

- Course content will include relevant information pertaining to BIPOC communities (e.g., readings; films; speakers; data, etc.)
- Students are the experts of their own experiences. Your world lens is welcomed; and as students, you are invited to lift up information and/or data that is relevant to the course material. Everyone is a teacher and everyone is a student.
- We cannot speak on behalf of all groups, or fully understand the issues, concerns and history of all BIPOC. However, we are willing to listen and learn, admit mistakes and engage in ongoing cultural humility practices.

## CURRICULUM REQUIREMENTS

The curriculum for the Interdisciplinary MPH Program is an intensive, full-time program. Students in the program are required to complete 42 semester units of course credit between July and May. Students are expected to start their studies by enrolling in the Summer Session prior to the Fall Semester in which they enter the program. After completing one or two summer courses (3-8 units), students take a heavy course load (17-19 units per semester), in order to satisfy the 42-unit requirement. Consequently, students should not plan to work during the semester, and should make every effort to minimize work-related responsibilities while at school.

We advise students to enroll in the six-week Summer Session D courses on Epidemiologic Methods (PH 250A) and /or the Introduction to Biostatistics (PH 142) as well as the PH 292 Interdisciplinary MPH Summer Seminar. This will reduce their course load to manageable levels in the Fall and Spring semesters. Students with previous biostatistics or epidemiology experience may take both summer courses provided that they can make a full-time commitment to coursework beginning in early July. Students who have taken rigorous or advanced epidemiology or biostatistics in the past are encouraged to take the exemption exams in epidemiology and biostatistics in late August. Passing out of a course, however, does not decrease the 42-unit requirement for graduation.

Students are required to attend a one-unit Interdisciplinary MPH Summer Seminar during which they will begin to develop ideas for their year-long MPH project. The course number is PH 292. Students should enroll in this course for one unit with the LETTER GRADE grading option.

The Interdisciplinary MPH core requirements consist of ten courses totaling approximately 26 units. These include:

### BIOSTATISTICS

PH 141, or PH 142, or PH 245, or PH 252 (4-5 units)

There are several ways to satisfy the Biostatistics requirement:

1. Take PH 142 (Intro to Biostatistics) in the Summer (strongly recommended);
2. Take PH 142 (Intro to Biostatistics) in the Fall;
3. Take PH 245 (Intro to Multivariate Statistics) in the Fall;
4. Take PH 252 (Epidemiological Analysis) in the Spring
5. Take and pass the Biostatistics exemption exam during welcome week before the Fall Semester begins. *If passing the exemption exam, a total of 42 units is still required for graduation.*

### EPIDEMIOLOGY

PH 250A (3 units) or PH 250B (4 units)

There are several ways to satisfy the Epidemiology requirement:

1. Take PH 250A (Epidemiological Methods I) in the Summer (strongly recommended) or Fall;
2. Take PH 250B (Epidemiological Methods II) in the Fall.
3. Take and pass the epidemiology exemption exam during welcome week before the Fall Semester begins. *If passing the exemption exam, a total of 42 units is still required for graduation.*

### BREADTH COURSES

PH 200J – Health Policy and Management (2 units): in the Fall Semester

PH 200L – Health and Social Behavior (2 units): in the Fall Semester

PH 200K – Environmental Health Sciences (2 units): in the Spring Semester

### NEW REQUIRED COURSEWORK:

A course to complete the leadership competency requirement, either:

- PH 291A - Preparation for Public Health Practice (offered in Fall and Spring) • PH W289 or PH 223C
- during the Spring Semester, a number of weekend micro courses for 1-2 units satisfying this requirement will be offered.

A course that includes an applied practice component. This is a new requirement, and we are still compiling a list of courses that can fulfill this requirement. For example, any course that includes a client-facing consultation project, would qualify. Equally, choosing an MPH Research Project which includes the collaboration with a community partner would certainly qualify.

### INTERDISCIPLINARY PROGRAM SEMINAR SERIES

PH 292 (1) – Summer Interdisciplinary MPH Seminar (1 unit)

PH 292 (12) – Fall, 4 units, and PH 292 (7) – Spring, 4 units: a full-year course designed to enhance knowledge and practice skills and to provide guidance and mentorship in the development and implementation of a culminating MPH Project.

The one-year Interdisciplinary MPH Program requires completion of a research project (this is an MPH Project, *not* a thesis). Projects may take a variety of forms including community-based projects, research studies, needs assessments, program evaluations, analyses of secondary data, or policy analyses. Projects are presented at the end of the Spring Semester in written and oral formats and fulfill the School of Public Health Comprehensive Exam requirement.

The oral presentation and written paper for the MPH project satisfy the Public Health Practice and Comprehensive Examination requirements for the degree. A four-unit class is the equivalent of 180 hours of work per semester (45 hours per unit) – about 10-15 hours of work a week dedicated to your MPH research project.

The remaining 15-16 units are available for electives that may be used to customize a curriculum that fits your career-building needs. Up to four units from previously completed graduate coursework may also be applied towards the 42 units, subject to 'rules for transfer units' and approval from Graduate Division. Curricular requirements are summarized below.

## **SCHOOL OF PUBLIC HEALTH SPECIALTY AREAS**

While taking electives towards the MPH, students may also simultaneously complete a Specialty Area, or minor, in a particular area. Specialty Areas draw faculty and students across many areas of study. They require that students complete nine units of specific courses and electives. The School offers the following specialty areas of study:

- Global Health
- Maternal and Child Health
- Multicultural Health
- Public Health Nutrition

Please refer to the School of Public Health website for more information about the Specialty Areas: <http://sph.berkeley.edu/graduate-degrees/specialty-areas>

# CURRICULUM

2022-23

The curriculum for the Interdisciplinary MPH program is an intensive, full-time program. The 42-unit program requires completion of at least 17 units of coursework in each of the Fall and Spring Semesters. In order to meet the 42-unit requirement, students are also expected to enroll in the summer session prior to the Fall Semester in which they enter the program. Up to four units from previously completed graduate coursework may also be applied towards the 42 units, subject to 'rules for transfer units' and approval from Graduate Division. Curricular requirements are summarized below. The one-year program also requires completion of a **community-based research project (this is an MPH Project, not a thesis)**. Projects may take a variety of forms including research studies, needs assessments, program evaluations, analyses of secondary data, or policy analyses. Projects are presented at the end of the Spring Semester in written and oral formats and fulfill the School of Public Health Comprehensive Exam requirement.

**Bolded type** denotes courses that are required by the School of Public Health and the Interdisciplinary MPH Program.

## ***Recommended 1-year Interdisciplinary Course Selection (ALL REQUIRED COURSES MUST BE TAKEN FOR A LETTER GRADE):***

### SUMMER SEMESTER

**PH 250A Epidemiological Methods I 3 units PH 142 Introduction to Biostatistics 4 units PH 292 Summer Interdisciplinary Seminar 1 unit PH 291A NEW: Preparation for Public Health Practice (or PB W289, PB 223C as equivalent) 2 units**

### FALL SEMESTER

**PH 142 Intro to Probability & Statistics in Biology & PH (if summer PH142 not taken) 4 units PH 200J Health Policy and Management Breadth Course (half semester) 2 units PH 200L Health and Social Behavior Breadth Course (half semester) 2 units PH 292 Interdisciplinary Seminar 4 units PH 250A or Epidemiologic Methods I 3 units PH 250B Epidemiologic Methods II 4 units (Note: PH 250A and/or 250B not needed if PH 250A was taken in summer)**

**PH 291A NEW: Preparation for Public Health Practice (or PB W289, PB 223C, or weekend microcourses as equivalent) 2 units Electives (to be chosen by student)\*\*\* 3-7 units**

### SPRING SEMESTER

**PH 292 Interdisciplinary Seminar 4 units PH 200K Environmental Health Sciences Breadth Course 2 units PH 291A NEW: Preparation for Public Health Practice (or PB W289, PB 223C as equivalent) 2 units Electives (to be chosen by student)\*\*\* (For examples, see below) 10-14 units \*\*\* Electives are chosen in collaboration with Faculty Advisor, customized to provide the skills for each student's desired career path. Students must have approval of their faculty advisor for elective courses taken outside the School of Public Health.**

**TOTAL NUMBER OF UNITS REQUIRED FOR THE 11-MONTH MPH PROGRAM: 42 units**

## **EXAMPLES OF SCHOOL OF PUBLIC HEALTH ELECTIVES:**

(see <http://catalog.berkeley.edu> for complete selection)

*Note: there are no restrictions on where you take your electives as long as they are on the Berkeley campus. You can take electives in other UC Berkeley schools and departments such as Business, Public Policy, Demography and Anthropology, or any other department subject, to approval from that department and from the student's faculty advisor. A limited number of electives for upper division undergraduate students may also be taken.*

### **Fall Electives**

PH 201E Public Health Interventions: Theory, Practice and Research (3 units) PH 204A Mass Communication and Public Health (3 units)

PH 204D Community Organization and Community Building for Health (3 or 4 units) PH  
 204E Multicultural Competence in Public Health (3 units)  
 PH 206A Nutrition Status, Physical Activity, and Chronic Conditions (3 units) PH  
 206C Nutritional Epidemiology (3 units)  
 PH 210B Adolescent Health (3 units)  
 PH 210C Needs Assessment in Maternal and Child Health (3 units)  
 PH 212A International Maternal and Child Health (2 units)  
 PH 213A Family Planning, Population Change, and Health (3 units)  
 PH 216A Biological Embedding of Social Factors (3 units)  
 PH 217A Aging and Public Health (3 units)  
 PH 220F Healthy Workforce and Public Policy (2 units)  
 PH 223A Introduction to the Healthcare System (3 units)  
 PH 224A Health Organizations and Management (3 units)  
 PH 226A Health Economics (3 units)  
 PH 226D Global Health Economics (3 units)  
 PH 235 Impact Evaluation for Health Professionals (3 units)  
 PH 245 Introduction to Multivariate Statistics (3 units)  
 PH 252C Intervention Trial Design (3 units)  
 PH 252D Introduction to Causal Inference (3 units)  
 PH 253C Overview of AIDS Epidemic (3 units)  
 PH 255C Mental Health and Psychopathology (3 units)  
 PH 257 Outbreak Investigation (1, 3 units)  
 PH 260A Principles of Infectious Disease (3 units)  
 PH 263 Public Health Immunology (3 units)  
 PH 264 Current Issues in Infectious Disease (2 units)  
 PH 270B Toxicology (4 units)  
 PH 282 Topics in the History of Medicine and Public Health (3 units)  
 PH 285A Public Health Injury Prevention and Control (3 units)  
 PH 285A Public Health Injury and Control (2 units)  
 PH 290 (2) Health Issues Seminar: Social Justice and Worker Health (1-4 units) PH 290 (4)  
 Health Issues Seminar: Health Communications in the Digital Era (1-4 units) PH 290 (5)  
 Health Issues Seminar: Behavior Change in Adolescence (1-4 units) PH 290 (6) Health  
 Issues Seminar: Healthcare Quality (1-4 units)  
 PH 290 (7) Health Issues Seminar: Implementing Health Reform (1-4 units)  
 PH 291A Preparation for Public Health Practice  
 PUB POL 260 Public Leadership and Management (3 units –*Note: special enrollment procedures*)

### **Spring Electives**

PH 144 Introduction to SAS Programming (2 units)  
 PH 200A Current Issues in Public Health Ethics – Research and Practice (3 units) PH  
 202E Ethnic and Cultural Diversity in Health Status and Behavior (3 units) PH 205  
 Planning, Development and Evaluation (3 units)  
 PH 212E Private Sector Health Care in Developing Countries (2 units) PH  
 212D Global Health Core Course, Part 2 (2 units)  
 PH 217D Biological and Public Health Aspects of Alzheimer’s Disease (3 units) PH  
 218B Evaluation of Health and Social Programs (4 units)  
 PH 219A Advanced Methods: Qualitative Research (3 units)

PH 219C Community Based Participatory Research in Health (3, 4 units) PH 219E Introduction to Qualitative Methods in Public Health Research (2 units) PH 223C Strategic Management and Organization of Health Services (2-3 units) PH 223F Effective PH Negotiations (2 units)  
PH 224A Healthcare Organizations and Management (3 units)  
PH 223 Legal Basis for Healthcare Delivery (3 units)  
PH 230 Advanced Health Politics (3 units)  
PH 253B Epidemiology and Control of Infectious Diseases (3 units) PH C234 Green Chemistry: An Interdisciplinary Approach to Sustainability (3 units) PH 253C Ethical Challenges in Public Health Interventions (2 units) PH 253D Behavior and Policy Science in HIV Prevention and Treatment (3 units) PH 255 Social Epidemiology (3 units)  
PH 257A Disaster Epidemiology (2 units)  
PH 270B Toxicology (3 units)  
PH 207C Practical Toxicology (3 units)  
PH 271C Drinking Water and Health (3 units)  
PH 271E Science and Policy for Environment and Health (3 units) PH 271G Health Implications of Climate Change (3 units)  
PH 272A Geographical Information Science for Public Health and Environment (3 units) PH 281 Public Health and Spirituality (2 units)  
PH 271D Global Burden of Disease and Comparative Risk Assessment (3 units) PH 282 Topics in the History of Medicine and Public Health (2 or 3 units) PH 290(2) Health Issues Seminar: Designing Innovative Public Health Solutions (3 units) PH 290(8) Public Health Journalism (3 units)  
PH 290(9) Seminar: HIV Biology to Policy  
PH 285 Public Health Injury and Control (2 units)  
PH 291A Preparation for Public Health Practice  
MBA 209F Fundamentals of Business for Non-Business Majors (3 units)  
PUB POL 280 Wealth and Poverty (3 units. Note: special enrollment procedures)

**Foundational 22 Competencies for all UCB SPH MPH students (CEPH criteria), and additional concentration-specific competencies for the Interdisciplinary MPH Core Seminar**

The MPH curriculum emphasizes active, student-directed learning, problem solving, and the acquisition of skills essential to the practice of public health. It follows the 22 MPH Foundational

Competencies laid out by the Council on Education for Public Health (CEPH). We encourage students to carefully review the competencies and consult with their faculty adviser to choose elective courses best suited to their needs.

The Interdisciplinary MPH Core Seminar - with its interdisciplinary working groups for planning, implementing, analyzing and developing recommendations for individual MPH Research projects (which can be qualitative or quantitative analysis of primary or secondary data, a policy analysis or a needs assessment) – incorporates many of the 22 foundational competencies (**in bold**), depending on the topic area and chosen methodology of the individual MPH Research Project, as well as additional, course-specific competencies (23-30).

<b>EVIDENCE-BASED APPROACHES TO PUBLIC HEALTH</b>
<b>1. Apply epidemiological methods to the breadth of settings and situations in public health practice</b>
<b>2. Select quantitative and qualitative data collection methods appropriate for a given public health context</b>
<b>3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate</b>
<b>4. Interpret results of data analysis for public health research, policy or practice</b>
<b>PUBLIC HEALTH &amp; HEALTH CARE SYSTEMS</b>
<b>5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings</b>
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
<b>PLANNING &amp; MANAGEMENT TO PROMOTE HEALTH</b>
<b>7. Assess population needs, assets and capacities that affect communities' health</b>
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
<b>9. Design a population-based policy, program, project or intervention</b>
10. Explain basic principles and tools of budget and resource management
<b>11. Select methods to evaluate public health programs</b>
<b>POLICY IN PUBLIC HEALTH</b>
<b>12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence</b>
<b>13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes</b>
<b>14. Advocate for political, social or economic policies and programs that will improve health in diverse populations</b>
<b>15. Evaluate policies for their impact on public health and health equity</b>

<b>LEADERSHIP</b>
<b>16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making</b>
<b>17. Apply negotiation and mediation skills to address organizational or community challenges</b>
<b>COMMUNICATION</b>
<b>18. Select communication strategies for different audiences and sectors</b>
<b>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</b>
20. Describe the importance of cultural competence in communicating public health content
<b>INTERPROFESSIONAL PRACTICE</b>
<b>21. Perform effectively on interprofessional teams</b>
<b>SYSTEMS THINKING</b>
22. Apply systems thinking tools to a public health issue

In addition to the 22 MPH competencies above, eight concentration-specific competencies are listed below.

23. Gain skills to conceptualize a PH research project
24. Practice to design and plan a PH research project
25. Successfully navigate the application process for IRB Human Subjects approval for a PH research project
26. Practice to implement and analyze a PH research project
27. Demonstrate skills needed for effective scientific presentations
28. Practice writing skills needed for authoring a comprehensive scientific publication
29. Perform effectively on interprofessional teams
30. Expand access to professional networks in PH Research and Practice

## INTERDISCIPLINARY PROGRAM CORE FACULTY

**Anke Hemmerling, MD, PhD, MPH** is the director of the UCB SPH Interdisciplinary Program. She is an alumna of the class of 2004 and served as core faculty for the program since 2012. Anke received her medical training at the Humboldt University in Berlin (Germany), and her public health

education at the University of California, Berkeley (UCB). During her clinical training, she repeatedly worked in health projects and hospitals in Latin America. Her PhD research evaluated medication abortion in Germany. She was a postgraduate Global Health Research Fellow for the UCB SPH Bixby Program, and a Director of Special Health Projects for Venture Strategies for Health and Development, conducting research related to safe motherhood and safe delivery in developing countries.

In 2007, she joined the Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF). There she has been focusing on the prevention of HIV and other genital infections in women and conducted a number of phase 1 and 2 clinical trials. Currently, she is the protocol co-Chair of the NIH-sponsored multi-site phase 2B study for the prevention of bacterial vaginosis, conducting an NIH-sponsored phase 2 study in South Africa, and preparing a phase 1 clinical trial testing a biologic drug for HIV prevention in women. At UCSF, she is mentoring and teaching students in the Infectious Disease Research and Training Program (IDRTP), and the UCSF Global Health Master's Program. She is core faculty for a bi-weekly seminar on "Sustainable Development for HIV", a collaboration of UCSF and Maseno University Kenya. In addition, she is active in the Education Committee at the UCGHI Center of Expertise in Women's Health, Gender and Empowerment. She also serves as a senior technical adviser for the Coalition Advancing Multipurpose Innovations (CAMI), on the steering committee of the Coalition Advancing Multipurpose Innovations for Reproductive Health (IMPT), and on the Microbicide Advisory Board of the Population Council. Email: [ahemmerling@berkeley.edu](mailto:ahemmerling@berkeley.edu)

#### INTERDISCIPLINARY PROGRAM STAFF

**Judy Smithson** is the Senior Program Manager for the entire Interdisciplinary Division. She served as the primary program manager of our Interdisciplinary MPH program during 2018 - 2021, and remains active to support Chidera on specific issues. Judy has over 15 years of experience serving as an Academic Advising Administrator at elite public and private universities. She has a Master of Education from the University of Southern California in Postsecondary in Administration and Student Affairs, with a Certificate in Management of College Student Services. Judy has also held various leadership roles on-campus from being Co-Chair of the Graduate Staff Roundtable to currently serving as Co-Chair for Cal Women's Network Association. Her passion is social justice and this year Cal Women's Network has teamed up with Food Insecurity & Housing Initiative to bring awareness and resources to staff about this growing crisis on our college campuses impacting our students.

#### GRADING CRITERIA FOR INTERDISCIPLINARY MPH SEMINAR

SUMMER 2022

Students will receive a credit of one unit (LETTER GRADE) for attendance of the seminar and delivery of the assignment by - outline of ideas for MPH project. More than one unexcused absence will result in a failing grade.

#### **FALL 2022**

**Assignment 1 (Completion of CITI TRAINING): 5% Assignment 2 (DRAFT Project Plan, incl IRB and CPA): 20% Assignment 3 (Project Plan Presentation): 10% Assignment 4 (FINAL Project Plan): 25% Assignment 5 (Literature Review): 30% Attendance and Class Participation: 10%**

#### **SPRING 2023**

**10 %: Attendance and full participation in seminar and advisor meetings 40 %:  
Project presentation  
50 %: Final Project Report**

Assignment grading will be based on quality of content, adherence to outlined expectations, and timeliness of submission. **Deadline extensions will not be granted without prior approval from faculty.**

#### **SUMMER 2022 SEMINAR SCHEDULE**

**Interdisciplinary MPH Seminar  
Public Health 292 (1) - Enrollment # 80045  
Letter Grade or S/U grading option  
Location: SPH Berkeley Way West, room 1205**

**Fridays, 2-4 pm (TBA)**

**July 8 Welcome Double Session**

Anke Hemmerling, Chidera Ofoha

**July 15 MPH Program and Project Overview**

Anke Hemmerling, Chidera Ofoha, Judy Smithson

**July 22 Personalities in Leadership and Teamwork** Grace Turkis and

Kandis Rogers, U CB SPH CPHP

**July 29 Alumni Panel**

Participants TBA

**August 5 no class to make up for double session on July 8**

**August 13 Discussing your initial MPH Project Ideas** Anke

Hemmerling

Students will receive a credit of one unit (LETTER GRADE) for attendance of the seminar and delivery of the assignment: Outline of ideas for MPH project. More than one unexcused absence will result in a failing grade.

SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF CALIFORNIA, BERKELEY  
**Interdisciplinary MPH Seminar - PH 292 (12)**  
FALL SEMINAR SCHEDULE  
Location: TBD, Berkeley Way West  
Example Only

### **Course description**

This seminar is designed to enhance the knowledge and practice skills of students enrolled in the Interdisciplinary MPH Program and to provide guidance and mentorship in the development and implementation of a culminating MPH Project. Weekly meetings throughout the academic year will challenge students to integrate their learning and experiences across the MPH curriculum, and to synthesize their knowledge and skills via a project that addresses a specific public health challenge.

### **Instructors: Anke Hemmerling**

August \_\_ **Community Engagement**  
August \_\_ **Mixed Methods Research in Public Health**  
September \_ **Community Participatory Research**  
September \_\_ **How to conduct a Policy Review**  
September \_\_ **IRB Workshop**  
October \_\_ **Survey Design in Public Health**  
October \_\_ **Ethics in Public Health Research**  
October \_\_ **Project Workshop 1**  
October \_\_ **Designing Innovative Public Health Solutions**  
November \_\_ **Project Workshop 2**  
November \_\_ **Project Plan Presentations 1**  
November \_\_ **THANKSGIVING HOLIDAY - NO CLASS**  
November \_\_ **Project Plan Presentations 2**  
December \_\_ **Project Workshop 3**

### **Readings and assignments**

Course readings and [assignment guidelines](#) will be posted on B-Courses

### **Important deadlines**

September \_\_ **Meeting with your program advisor once in September**  
October \_\_ **Completion certificate for CITI training**  
October \_\_ **Draft Project Plan**, including detailed plan for IRB submission and identified project mentor/ mentor within community organization  
October \_\_ **Completed IRB submission**  
November \_\_ **Meeting with your program advisor once in November** November \_\_  
**Final Project Plan Presentations and Community Partner Agreement** December \_\_  
**Final Project Plan**  
December \_ **Literature review of your project**

SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF CALIFORNIA, BERKELEY  
**Interdisciplinary MPH Seminar - PH 292 (7)**  
**SPRING SEMINAR SCHEDULE**  
**Location: TBD, Berkeley Way West**

## Example Only

### **Course description**

This seminar is designed to enhance the knowledge and practice skills of students enrolled in the Interdisciplinary MPH Program and to provide guidance and mentorship in the development and implementation of a culminating MPH Project. Weekly meetings throughout the academic year will challenge students to integrate their learning and experiences across the MPH curriculum, and to synthesize their knowledge and skills via a project that addresses a specific public health challenge.

### **Instructors: Anke Hemmerling**

January \_\_ **Project Briefs and Introduction to Spring Semester**

January \_\_ **Media Advocacy Training**

February \_\_ **Workshop 1**

February \_\_ **The Art of Decision Making**

February \_\_ **Project Workshop 2 - Dissemination & Sustainability** February \_\_

**How to write a good scientific article and get it published** March \_\_

**Grantseeking and Foundations**

March \_\_ **Student presentations 1**

March \_\_ **Student presentations 2**

March \_\_ **SPRING BREAK - NO CLASS THIS WEEK**

March \_\_ **Student presentations 3**

March \_\_ **Student presentations 4**

April \_\_ **Student presentations 5**

April \_\_ **Student presentations 6**

May \_\_ **Student presentations 7, also Wrap -Up and Course Evaluations**

### **Readings and assignments**

Course readings and assignment guidelines will be posted on B-Courses

### **Important deadlines**

February \_\_ Schedule a meeting with your program advisor at least once in February

February \_\_ Completed Advancement Candidacy Forms due

March - May \_\_ Student presentations in class

April or May Interdisciplinary Annual Alumni and Student Picnic

May \_\_ Final Project Report due

May \_\_ **COMMENCEMENT CEREMONY - Greek Theater, UC Campus  
Interdisciplinary MPH Program**

## **PROJECT PRESENTATION AND FINAL REPORT GUIDELINES**

The Interdisciplinary Program Project spans 11 months and fulfills the School of Public Health's Master-level requirement for a practicum or field experience. The culminating

assignments – an oral presentation to peers and colleagues, and a final project report worthy of publication – serve as the oral and written components of the comprehensive examination required for graduation. Please review the following guidelines carefully to ensure that you meet all requirements.

## **ORAL PRESENTATION GUIDELINES**

Your **oral presentation** serves as the oral component of your comprehensive examination required for graduation. The presentation should describe what your project is designed to deliver and the outcomes you anticipate or hypothesize. Make sure to present your data, even if you have not completed the analysis. ***If your data gathering and analysis is not complete at the time of your oral presentation date, don't worry.*** You may call it a “work in progress.”

The oral presentation is not supposed to be a presentation of the written paper; rather, it is a demonstration that affirms your understanding of PH investigative processes, the appropriate use of statistical tools, and your ability to present.

These should follow the standard presentation outline:

- Title
- Background and Public health significance
- Project goal and objectives
  - Methods: study design, ethical review, study population and partner organizations, variables, data collection methods and instruments, data analysis
- Results – completed, up-to-date or hypothesized
- Discussion: Key findings, comparison to other studies
- Project impact: What is the relevance of this work in the bigger picture? Has it, or will it actually affect the lives of the people whose needs you sought to address?
- Plans for project sustainability and dissemination
- Project limitations and changes you would make if you had the opportunity to start over
- Acknowledgements

## **PRESENTATION TIPS**

We strongly encourage attention to the following tips on how to make your presentation the best that it can be.

- Approach the presentation as if telling a story. Try to relax and enjoy the experience. Speak to and engage the audience.
- A slide on the public health significance of your project is **required**.
- Be focused. This is to be a 15-20 minute presentation with 5 minutes for questions (total: 25 minutes maximum). Practice in advance, time yourself, avoid redundancy, and cut out unnecessary material. Get feedback in advance - from a classmate, colleague or professor.
- Prepare answers for expected questions. In previous years students have found it helpful to provide a handout.
- Use Powerpoint, Prezi or similar presentation software – but use it effectively. Use a variety of media on the slides (e.g., text, photos, diagrams, graphs, tables) and also consider using brief video or audio. Count on one slide per minute, with no more than approximately 15-20 slides total. Be sure to include a slide with all contributors and their affiliations. Put no more than 7-9 lines of text on a single slide as more than that is unreadable. Use graphs liberally.

## **PRESENTATION LOGISTICS**

Oral project presentations are scheduled during class time between mid-March and late April . We will use our Friday class time for these presentations. Your audience will be asked to write down a few comments for your consideration.

We encourage you invite your mentor, interns or anyone else you would like to see you present your work.

## **PRESENTATION SCHEDULE**

We will circulate a sign-up sheet for the online presentations in early February. If you are not happy with your assigned session date, please negotiate with other students to exchange dates. Please let Anke know ASAP if you have changed your date so that she can adjust the schedule.

## **FINAL REPORT GUIDELINES**

The written final report fulfills the written comprehensive examination requirement for the MPH degree. This is an opportunity to demonstrate that you can apply knowledge and principles learned from your coursework in addressing a current public health challenge.

Your project paper should be in publishable condition with perfect spelling, grammar, and organization. You can choose to write it as a longer report, or try to follow the “Guidelines for Authors” instructions for a specific journal you have in mind if you consider publication. Be assured that it will be harder to write a succinct 3,000-6,000 word manuscript for publications than a longer report that has more flexible page limits.

- Scientific writing is all about a structured presentation. Most journals will use a similar scientific format:
  - *Title, Abstract* (300 words or less)
  - *Introduction* (background/ situational analysis) - should include your December literature review, a statement as to why the problem addressed in your project is significant for public health, and a statement about how the objectives for the project address that problem
  - *Methods* – should describe details on study design, ethical review, study population and partner organizations, variables, data collection methods and instruments, data analysis.
  - *Results* - should describe your findings and their reliability (your data analysis)
  - *Discussion* - should go into detail about your key findings and their importance for the field, implications for policy/programs/research, limitations, lessons learned, and next steps. Any barriers to completing the work? How do your results compare to the findings in the peer literature? ○ *Recommendations* - based on your work, what further actions would you recommend to address this problem? How might your findings be implemented on a larger scale?
- Length and format: About 10-15 pages, double spaced. EXTRA: tables, graphs, references, and any other appendices such as surveys etc.
- Feel free to write the paper as a manuscript for the journal you selected for publication, following their length and formatting requirements.
- Check out “Instructions for Authors” pages in the *American Journal of Public Health* for information on formatting references, tables, and graph headings ● For citations and references, please use AMA style or a style appropriate for your field

**Please load your Final Report onto BCourses by 11:59 pm on Sunday, May 7.**

#### **FAQS ANSWERED FOR INCOMING INTERDISCIPLINARY MPH STUDENTS ACADEMIC YEAR 2022-23**

- 1. Is there a minimum grade required for required courses and a required overall GPA?**  
Yes-- students must attain a B- or better in the breadth course requirements (Epidemiology PH 250A; Biostatistics PH 142; Health Policy & Management 200J; Environmental Health PH 200K; and Health and Social Behavior PH 200L). Students

who attain less than a B- will be required to retake the course. To receive the MPH degree, the student must also meet the Good Academic Standing Rule with an overall 3.0 GPA and a B average.

**2. Can I work during the 11-month program?**

The full course load required is 42 semester units for the year, which is approximately 5-6 classes per semester - a very high course load compared to students in the 2-year MPH program who have to complete 48 units over 2 years. While some of our clinical fellows can fit in a few monthly shifts on selected days, like weekends or over holiday periods, we do not recommend any kind of regular part-time job or full-time job.

**3. Summer session: How do I decide which summer course(s) to take?** Students are required to take the Summer Interdisciplinary MPH Seminar PH 292 (1), course control number 50770. In addition, we also recommend taking Biostatistics PH 142 and Epidemiology PH 250A. The 2022 summer session runs from July 5 to August 12. As this is a heavy a course load for beginners on these topics, we recommend that you do not work during the Summer Session. If you're not able to take all three courses, please check in with the Interdisciplinary Program faculty to make alternate plans.

**4. Do the summer session courses satisfy the MPH requirements for Biostatistics and Epidemiology?**

- Yes, PH 142 satisfies the Biostatistics requirement.
- Yes, PH 250A satisfies the Epidemiology requirement

**5. Can I take the Biostatistics and Epidemiology exemption exams to satisfy the requirements?**

You can satisfy the Biostatistics and Epidemiology requirements by passing the exemption exams, which will be offered just before the Fall semester. You will receive notice of these exams in advance. Please email Deanine Johnson at [ipmph@berkeley.edu](mailto:ipmph@berkeley.edu) if you have questions. Please note that if you satisfy the Biostatistics and Epidemiology requirements by passing the exemption exams, you will NOT receive unit credit for them and will still need to complete 42 units of course work in order to graduate.

**6. Can you recommend any online resources for biostatistics preparation or a refresher?**

Yes, please see the free courses that are available at <http://oli.cmu.edu/>

**7. Is health insurance for Summer Sessions available?**

Please see [Health Services](#) for information on health insurance options.

**8. When do the Fall and Spring semesters begin and end?**

- Please refer to [UC Berkeley Registrar's Office](#) website for more details.
- Fall 2022 orientation activities ("Welcome Days") are planned for late August 2022. More information about these activities and other important information will be coming to you soon via email from the School of Public Health Student Services office.

**9. How can I satisfy the 42 units for the Interdisciplinary Program in just eleven months?**

The two-year MPH programs require that you complete 48 units in two years, whereas the 11-month MPH programs require 42 units in 11 months. The Interdisciplinary

program is rigorous but doable, provided you are not working or have other time intensive obligations. We will provide a list of possible curriculum scenarios at the beginning of the Summer Session.

**10. What is the minimum number of units that I may take each semester?** The minimum allowable number of units per semester is **12**. However, as an Interdisciplinary student, you will need to take many more units each semester.

**11. Can I transfer of units from previous graduate coursework not counted towards another degree?**

You may be able to transfer up to four units of graduate level coursework towards your MPH degree. According to UC Berkeley's Graduate Division Policy: "A master's student may transfer up to four semester units or six quarter units of course work completed as a graduate student at another institution. The units must be equivalent to courses in the student's graduate program at Berkeley, and the student must have received at least a B in the course(s) and have a grade point average of at least 3.3." The courses to be transferred must be approved by the School of Public Health Curriculum Review Committee to insure that they meet the requirements for transfer. Students must submit a syllabus for each course. Eligible units might be stand-alone courses or courses taken that exceeded the requirements (extra units) for a previous degree. Detailed procedures for transferring units will be announced at the start of the Fall semester.

**12. Do I take PH297, the field practicum requirement that is listed on some UC Berkeley School of Public Health MPH curriculum materials?**

No-- this course is for two-year MPH students only. As an 11-month student, you satisfy your practicum requirement as part of the Fall 2022 and Spring 2023 Interdisciplinary MPH Seminars --PH 292(12) and PH 292(7) in the Spring.

**13. The Interdisciplinary Seminars – PH 292 in Fall and PH 292 -- in the Spring are variable unit courses. How many units should I enroll in for each of these courses?** 4 units for each course, taken for a letter grade. This is the equivalent to 180 hours of work per semester.

**14. Can I take undergraduate courses and can they count towards my 42 units? How many undergraduate units can I take?**

Yes, you may take undergraduate courses and they will count towards the MPH, but they must be upper division courses numbered 100 or above. You may take a maximum of 12 units in 100-level courses.

**15. How many elective units can I take outside the UCB School of Public Health?** There is no limit on the number of elective units that may be taken outside SPH across other UCB departments.

**16. Can I complete one of the public health specialty areas along with the interdisciplinary MPH?**

Yes. You may use elective units in the Interdisciplinary curriculum to complete specialty

area requirements such as for the Global Health Specialty Area.

**17. May I take courses Pass/Fail or Satisfactory/Unsatisfactory?**

All required courses must be taken for a letter grade. You may take electives as S/U, but no more than a third of your total units taken can be taken S/U (excluding independent study courses numbered 299).

**18. What are the guidelines for taking independent study (299) units?** • The maximum number of PH 299 course units you may take towards the degree is ten. • PH 299's can be taken either S/U or for a letter grade. The choice depends on what you arrange with the instructor.

- Although no more than one third of total units can be taken S/U, this one third does NOT include PH 299 units.

**19. As a UCB student, do I get access to STATA for data analysis?**

You have free access to STATA on the computers in the Epi/Biostat computer lab. You can also buy your own copy of STATA at a discount. Please see:

<http://www.stata.com/order/new/edu/gradplans/campus-gradplan/>

**20. As a UCSF resident, can I receive the two-thirds tuition and fee reduction available to UC staff?**

Unfortunately you cannot. To receive this discount, you may take no more than nine units of coursework per semester. The Interdisciplinary Program requires that you take more than nine units per semester.

**21. When will I be presented with a financial aid package for this program? Are there financial support options that I should consider looking into?**

While the School of Public Health has a variety of merit and need-based scholarships/fellowships, there is no guarantee that a newly admitted graduate will be a recipient of an award. As of right now, SPH scholarship/funding award letters have been sent out, but that does not necessarily mean all opportunities have been exhausted! In addition to fellowships/scholarships offered through SPH, it is common for students to look into external scholarships and/or federal loans. With regards to financial aid packages, which consist of loan allocations, as well as any grants one may be eligible for, [UC Berkeley's Financial Aid & Scholarships Office](#) will notify newly admitted graduates of these opportunities around late April/early May, but only if the Statement of Intent to Register is submitted. In the meantime, I would highly encourage you to look at the different ways to [fund your education](#).

Another thing to note is that there will be more opportunities, such as GSI/GSR-ships and other internal scholarships, which you can apply for through our SPH jobsite.

Enclosed please find a "[Tips for Finding GSI GSR](#)".

Also, as a member of the Association for Schools and Programs of Public Health (ASPPH), our graduate students have access to funding resources such as "Tips and Tricks to Obtaining Scholarships" and external sources that are based on specific qualifying criteria (e.g., race, gender, state of residency, etc.):

[Tips and Tricks to Obtaining Scholarships \(http://www.aspph.org/study/financing-your-degree/\)](http://www.aspph.org/study/financing-your-degree/)

[How to Finance Your Public Health](#)

Degree (<https://www.youtube.com/watch?v=eMRiom7Elmg> webinar hosted by ASPPH).

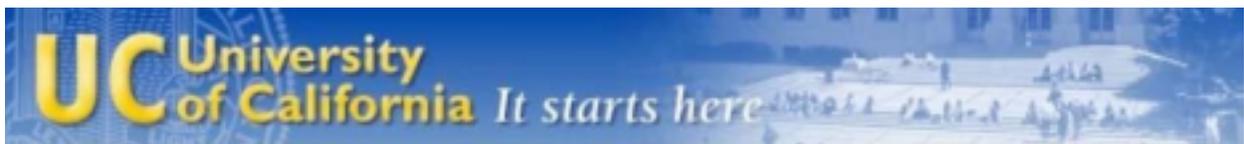
**22. Can I teach and facilitate a De-Cal course to undergraduates and receive unit credit for it?**

Yes. You can receive unit credit via undergraduate independent study 199 units. For information please see <http://www.decal.org/>

**23. If I need to book a room to use for a student meeting, project interview, etc., how can I do so?**

You may ask Deanine Johnson – email her at [ipmph@berkeley.edu](mailto:ipmph@berkeley.edu), and please give her at least several days’ notice to find the room.

**24. Are students required to wear traditional regalia to the Commencement ceremony?** Yes. The program has several gowns available that students can borrow.



## **Standards of Ethical Conduct**

*Adopted by The Regents of the University of California, May, 2005*

The University’s *Statement of Ethical Values and Standards of Ethical Conduct* commits everyone in the UC community to the highest ethical standards in furtherance of the University’s mission of teaching, research, and public service. It identifies the University’s core ethical values as integrity, excellence, accountability, and respect.

**In summary, we are committed to the following:**

1. **Fair Dealing.** We will always conduct ourselves ethically, honestly, and with integrity.
2. **Individual Responsibility and Accountability.** We will accept responsibility appropriate to our positions and delegated authorities.
3. **Respect for Others.** We will treat everyone we contact with respect and dignity.
4. **Compliance with Applicable Laws and Regulations.** We will learn and abide by federal, state, and local laws that affect our campus roles.
5. **Compliance with Applicable University Policies, Procedures and Other Forms of Guidance.** We will learn and abide by University and campus policies and procedures that affect our campus roles.
6. **Conflicts of Interest or Commitment.** We will avoid both actual conflicts of interest and the appearance of such conflicts, and devote our primary professional allegiance to the University and its mission of teaching, research, and public service.
7. **Ethical Conduct of Research.** We will conduct our research with integrity and intellectual honesty, and show the greatest care for human or animal subjects.
8. **Records: Confidentiality/Privacy and Access.** We will follow applicable laws and University policies when accessing, using, protecting, or disclosing records.
9. **Internal Controls.** We will ensure that internal controls are established, properly documented, and maintained for activities within our jurisdictions.
10. **Use of University Resources.** We will ensure that campus resources are used only on behalf of the University.
11. **Financial Reporting.** We will ensure that accounting and financial records are accurate, clear, and complete.

**Reporting Violations and Protection from Retaliation.** We will report all known or suspected improper governmental activities under the provisions of the University's Whistleblower policy, recognizing that everyone is protected from retaliation for making such reports under the Whistleblower Retaliation Policy.

## **ADDITIONAL RESOURCE FOR INTERDISCIPLINARY STUDENTS**

### **DLAB - STATISTICS HELP**

IF there are specific questions or topic area that students think are aligned with one of our consultants, they can schedule appointments at <http://dlab.berkeley.edu/consulting>. They are also welcome to direct general questions to the consultant list - we we may or may not be able to answer.

You can also contact the Statistics Department's consulting service (<http://statistics.berkeley.edu/consulting>), the DataLab in Doe Library (<http://www.lib.berkeley.edu/wikis/datalab/>), or the Geospatial Innovation Facility (<http://gif.berkeley.edu/>)/

## HOW TO ENROLL IN COURSES IN OTHER UCB SCHOOLS AND DEPARTMENTS

**Please visit the websites of other schools and departments for information about how to take courses in those departments. Enrollment in courses in many departments and schools is restricted to students in those schools.**

**The School of Law, the Goldman School of Public Policy, and the Haas School of Business have specific procedures allowing students from outside those schools to enroll in courses. Those procedures follow below and on the next several pages.**

### SCHOOL OF LAW

*Note: Classes in the Law School start 2 weeks early.*

- You cannot just enroll via CalCentral - you need to use a separate procedure to apply to enroll in a law school course.
- Complete this [form](#).
- If you have any other questions, please call Law School Student Services - 510 643-2744.

### GOLDMAN SCHOOL OF PUBLIC POLICY

- Elective courses are open to all students and you can get onto the waitlist by enrolling via CalCentral. Core courses are restricted and not open to students outside Goldman unless allowed by the professor teaching the course.
- Look in <http://catalog.berkeley.edu> for electives open to all. Also, the UCB online schedule <http://schedule.berkeley.edu> will tell you if the course is restricted.
- Students are advised to talk with the instructor on the first day of class to request to be added to course.

## HAAS BUSINESS SCHOOL

### Enrollment Process For Non-Haas Students Wishing To Take MBA Electives

For one course you can register following the normal process for your other classes via CalCentral:

#### **MBA209F – Fundamentals of Business: An Introduction to Business for Graduate Students** Tuesdays 6:10 – 9PM, 3 units

[\*Fundamentals of Business\*](#) is a course specifically designed for graduate students in schools other than Haas (and will serve as an elective course for their degree programs). The purpose of the course is to introduce non-business students to the vocabulary of business and to understand how business people analyze problems and determine strategy. It's not quite a "survey" course. Rather, we cover a selection of topics in some depth as is appropriate for graduate students.

Many UC Berkeley graduate students will go on to work in business and even those who continue their research careers will spend much of their professional lives interacting with business people.

The course is taught in 3 five-week modules:

1. Marketing and Strategy
2. Accounting and Finance
3. Organizational Behavior and Management

The class meets once a week, from 6:10 to 9:00 p.m. on Tuesday evenings in Fall 2021 at the Haas School; the first class meeting is Tuesday, August 24 and the last class is on Tuesday, December 7. There is no final exam; the course is examined by three take-home exams. Each module also has a required short term paper.

Unlike most other MBA courses, students should enroll in MBA 209F directly, via CalCentral using the class number. Contact FT MBA Academics Team for the course control number ([ftacademics@haas.berkeley.edu](mailto:ftacademics@haas.berkeley.edu) or [ink@berkeley.edu](mailto:ink@berkeley.edu)).

#### **For all other courses at Haas Business School:**

If you are a graduate student in another UC Berkeley department you may take elective courses in the Full-time MBA Program, provided:

- You are registered for the current semester, which means that you must be enrolled in at least one course and have paid your fees.
- There is space in the class at the end of the second week of the semester.
- You meet the prerequisites, if any, for the class.
- You submit your request(s) by the applicable deadline.

- Your home department or school does not offer an equivalent course.

The MBA Program does not use CalCentral to manage its course enrollments, with the exception of MBA209F – Fundamentals of Business. For all other MBA courses, we will add requested courses to your schedule if we are able to accommodate you. To request all other Haas MBA classes, you will instead use our Online Registrar system, which will open on July 5:

- Go to <http://mbarequest.haas.berkeley.edu> and log in to submit your request.
- Requests are not treated as first-come, first-served, so you just need to submit by the deadline
- The deadline to submit requests for Fall 2022 courses is the first Friday in September.
- You may request up to 3 MBA courses, order them according to your preference, and indicate the maximum number of courses you wish to be enrolled in.
- Once you enter your requests, you can edit them up until the end of the request period.

For a list of courses and instructions on how to enroll, please contact FT MBA Academics Team ([ftacademics@haas.berkeley.edu](mailto:ftacademics@haas.berkeley.edu), [ink@berkeley.edu](mailto:ink@berkeley.edu)).

## **bCOURSES**

bCOURSES at <http://ets.berkeley.edu/bcourses/> is the course management system for all UC Berkeley courses, where course syllabi, readings, assignments and grades are posted. Each course has its own bCOURSES site. Please go to [bcourses.berkeley.edu](http://bcourses.berkeley.edu) and click through the information and demonstration.

## **RECOMMENDED ELECTIVE COURSES**

The following electives received a rating of 1 or 2 (out of 5 on a Likert Scale with 1=great and 5=would not take again) from Interdisciplinary students who took the course. Here are students' comments.

### **Electives Recommended by Class of 2022**

#### **FALL**

**PH W224 Organizational Behavior and Management in Health Care** by Professor H. Rodriguez. The OOMPH version was about 8 weeks long. \*note\* heavy course load. I enjoyed taking this course since I gained new knowledge on organizational structures and management in healthcare settings which is very interesting. Very helpful if you did not previously have background in organization/management aspects of healthcare. You would see some of this material in 200J but 224 goes into a lot more depth with case analyses. Expect to spend 5-6(+) hours per weekend on assignments while in this course.

The in person and semester-long version. Compared to 8-week OOMPH version, spreading the content and assignment in 15-week is less intense, and working with colleagues from MPH HPM major or MPH/MBA program is interesting. Another part I like about the course is its guest lecture series. Prof. Rodriguez invited his former colleagues and students to share their work experience in the healthcare management positions. We also have opportunities to sign up for a coffee chat with a few guest speakers throughout the semester. If you're curious about health management career, this is a course that you can consider. It's also a part of the three courses of Health Management Certificate, and fulfills leadership requirement.

**PH 210 Foundations of Maternal and Child Health Policy, Practice and Science** by Professor C. Marshall. This is the core course if you are considering a MCH specialty area. The course dives deep into current and relevant MCH issues. This course provided opportunities to improve on scientific writing and also do a focused solo presentation. Medium course load.

**PH 207A Public Health Aspects of Maternal and Child Nutrition** by Professor S. Zyba. Light medium course load. Relaxed environment to learn about MCH nutrition. I enjoyed the variety of assignments.

**PH 257: Outbreak Investigation** - I cannot recommend this class enough if you're interested in learning how epidemiology concepts apply to real world outbreaks. Besides, Prof. Reingold is the best! The class was very interactive, and always interesting. The workload is light - we had to read and analyze a few papers each week on the topic for that week (on one step of the outbreak investigation), and come prepared for a class discussion on the topic for that week. I always learned a LOT. Highly recommend & wish I could take it again.

**PH W260: Infectious diseases** - I took the OOMPH version. Workload was medium - quiz and discussion post + response posts each week, as per the OOMPH format. Deadlines were clear and communicated well in advance - so it was quite easy to plan ahead and work on what was required before the deadlines. I learned a lot from this course about different types of infectious diseases, how they spread, what are the global impacts of those diseases and strategies to control them - Drs. Swartzberg and Riley were fantastic and their recorded lectures every week and live sessions on COVID-19 were very informative. The quizzes were very helpful in digesting the key concepts for the week, and discussion posts guided in-depth research on the topic for that week. I really enjoyed this class and recommend it!

**PH 266C (Hospital Associated Infections)** with Dr. Swartzberg - very light workload. Each student has to do one 30-45 min presentation (done in pairs) during the course. Rest of class is spent discussing the topic and about what's new in the news about HAI's (or general public health topics). Grading is based on attendance, presentation and participating in discussions. Dr. Swartzberg and the guests are very knowledgeable! I recommend this course for individuals interested in infectious disease, hospital infections/healthcare facilities, antimicrobial stewardship.

**PHW213 Global Health Ethics** by Dr. Rohini Haar and Dr. Rebecca DeBoer. Both instructors are practicing physicians with strong experiences in global health. Unlike other OOMPH classes, this class has live discussions which I really enjoyed (no weekend posting and replying). You get to discuss real life ethical issues with students from all over the world! Moderate course load. The topics are very relevant and up-to-date.

**PH132 Artificial Intelligence for Health and Healthcare** by Prof Ziad Obermeyer. Dr. Obermeyer is an ED doc working with AI algorithm to improve healthcare. Moderate work load, but \*note\* very heavy on coding. This class really helped me understand how AI and ML's roles in healthcare and how I can be a part of this movement to improve healthcare. If you don't want to code, you can consider taking PH222 where Dr. Obermeyer teaches a module (about 2 weeks of the conceptual part of AI in healthcare) with Prof James Robinson on Biomedical Innovation Policy.

**MBA292 Social Impact Metrics** by Prof Colin Boyle. Prof Boyle has experience in both public and private global health consulting. This class discuss how to measure the impact of the social sector of the economy (NGO, corporate social responsibility programs, and other mission driven initiatives). Many of the social projects are health or healthcare related. Moderate work load.

**PH 220E Global Health Policy** by Professor Stefano Bertozzi – This course is extremely helpful if you are interested in Global Health and if you want to learn more about international organizations. The workload is medium-heavy, but there are no final exams. Throughout the semester, you will work on 4 group projects. Each case is focused on a different global health topic, and you will work as a global health consultant. Professor Stefano Bertozzi is fantastic, and he has a lot of experience with international organizations. During the semester, there are also several guest speakers who added great value to the in-class discussions.

**PH 226A Health Economics** by Professor James Robinson – This course is very interesting if you want to learn more about the healthcare system in the United States, with a specific focus on health insurance, hospital management, physicians' payment, drug pricing and innovation in the pharmaceutical industry. The workload is moderate. Every week, you will have to prepare a one-page reflection on the weekly lecture (graded on completion). There are also two papers and one open book final exam. Professor Robinson is amazing, his classes are engaging and stimulating.

Beginning of the course has some overlap with HPM breadth, but goes into more detail about insurance and payment methods. Really interesting to learn more about drug pricing and innovation. Though it is a health economics class, no need to have much of an economics background at all (course material will cover what you need to know). Highly recommend for anyone in health care to get a better sense of how different systems work.

**PH 212A International Maternal and Child Health** by Professor Ndola Prata – This class is super interesting, and Professor Prata is amazing. It is a 2-credit course, and the workload is relatively light. It is highly recommended if you want to learn more about maternal, adolescent and child health in low- and middle-income countries. Every week, students have to prepare some readings. There is also a take-home quiz and a final group project.

**PH W251A R for Public Health** with Professors Wheeler and Nelson: A focus on useful ways to

use R for public health. Workload is not too heavy (7 problem sets graded on completion, 1 open book midterm, and 1 group project spread over the entire semester). Lots of video toolkits which are useful for learning new skills in R. Nice to have hands on experience with data cleaning!

**PH290 Health Issues Seminar - Critical Theory and Social Science Methods** by Osagie Obasogie. Honestly, if you can take anything by Osagie, definitely do, he is a fantastic instructor who will really make you think. The course involves a good amount of (absolutely fascinating) readings every week and 3 hours discussion of those readings during class-time. Only two assignments; leading discussion once, and writing a 15-20 page paper on "whatever you want" as long as it integrates some of the critical theory readings you work with during the semester. I found this course to be really helpful with interrogating basic assumptions we make about science, social science, law, medicine, and public health- i.e. what is objectivity, who determines norms, how is the development of statistics implicated in white supremacy and eugenic logic, etc. In that interrogation, your relationship with data and quantitative reasoning will surely be troubled (in the best of ways). It's a course offered jointly in Public Health and Law departments, so it's a highly interdisciplinary course.

**PH132 Algorithmic bias in healthcare** taught by Dr. Ziad Obermeyer. While the technical aspects of the course are a bit challenging (prior experience in probability and basic computer science come in handy for the three problem sets and one midterm), the content and lectures were superb, and discussion was very engaging.

## SPRING

**PH254 Occupational and Environmental Epi** by Sadie Costello and Ellen Eisen. It is a great class that uses all the things learned in the Epi class (PH250A) and on a weekly basis critiquing papers of various topics. It is very low stress but is also very informative and a great way to apply all things epi to solidify the foundation learned. The weekly assignment is a 2 page pre formatted critique that is only turned in 4x the entire semester but needs to be completed to answer questions when called upon in class. So overall, for a 3 credit class, not a lot of work at all.

**PB 224E Health Care Quality** with Professor Amanda Brewster. Recommend it for health care professionals or anyone wanting to learn more about quality/systems improvement in the health care system. We are also put into teams to work on a semester long project with a client dealing with a QI issue. Assignments include 2 individual papers and the group project (involves a 5-10 min class presentation and a 10-15 page paper due at the end of the semester).

**PH 243C Health Informatics.** Formatted as a once weekly seminar. Super interesting topic, very light coursework, very chill professor. No pre-class readings, only post-lecture optional materials. Keep in mind there is a final project.

**PHW 241R (Intermediate Biostats)** - Taught by Professor Kang Dufour this semester. The first 2/3 of the course was great, and would recommend for anyone doing a lot of statistical analysis for their capstone. Workload is appropriate for a 4 unit class (9 problem sets, weekly-ish quizzes, a midterm, and a group project).

**PH 223C (Strategy)** - Taught by Professor MacPherson. Fulfills leadership requirement. Mostly

HPM students as well as a good number of MBA students. Definitely more of a "business" feel to it since the focus is on strategic management in healthcare. Has a big client project which is a good experience if anyone is interested in going into consulting.

**SOCWEL 265M Motivational Interviewing** - This course is taught by Claudette Mestayer and was by far the most interesting, and thought provoking course I took during the semester. I would highly recommend this class for anyone, especially those in training or practicing medicine. The class involves a lot of group practice and use of active listening skills, with classmates from many disciplines and backgrounds, including Psychology, Social Work, Education and Public Health. The professor approaches the content with a patient-centered lens and actively uses MI in her own practice as a therapist. Though it is in the School of Social Work, she was able to get me into the class once it opened up for non-SW students.

**PH 290 The Art of Public Health** by Somalee Banerjee and Jaspal Singh's class. Less workload, very useful. I learned the intersection between art and public health in so many different ways from the projects and guest speakers. The projects were working the Alameda Public Health Department to come up with visual campaign to increase vaccination, using the Risograph machine to print postcards to advocate for people of your choice, and making any art form to "unmake." The speakers were local artists, museum curator, NGO leader, and Afrofuturism professor. Great class if you enjoy doing art work on your free time already and want to do it for public health!

**PH 253B - Epidemiology of Infectious Diseases**, taught by Prof Lewnard (who just won the Chancellor's award for Research in the Public Interest)! It was a fantastic course - Prof was very engaging and the assignments/presentations were all very relevant to the application of public health in real life (COVID-19 pandemic and more topics from headlines). There was also a bit of mathematical modeling which I enjoyed thoroughly. Loved it and highly recommend!

**PH222A - Biomedical Innovation Policy**, with Professor James Robinson. Very interesting and engaging course for those who want to learn more about the pharma and biotech industry, with a specific focus on innovation, regulation, pricing, incentives for companies to invest in R&D, etc. The workload is medium. Every week, students have to submit a reflection on the readings / recorded lectures, which is graded based on completion. In addition to the weekly reflection, there are three papers, but no final exam. Highly recommended course. Professor Robinson is amazing.

**MBA296 - Special Topics in Business Administration**, with Professor Kimberly MacPherson. This is a 1-unit class which requires students to attend two Sunday classes from 9am to 5pm. Students have the opportunity to work on a business case for a real client. In Spring 2022, the topic was "Unlocking Digital Health Innovation". Very interesting learning experience. Highly recommended.

**MBA297C - Innovations in Healthcare**, with Professor Jeffrey Rideout and Lisa Suennen. This class is very interesting for students who have a finance / business background and who want to learn more about Venture Capitals and healthcare startups. The workload for this course is low. Every class has a guest speaker, who is usually the CEO of a healthcare startup. The class requires a final paper on one of the startups presented throughout the semester.

## Electives Recommended by Class of 2021

### FALL

**PH W212: Foundation of Global Health.** Instructor: Hildy F Fong, Arthur L Reingold. Self paced with moderate readings. Well-structured course materials which introduce the fundamental concepts from public health disciplines through a creative-thinking experience. The assignments require students to apply the class learnings into the real-world global health needs. The Professors and GSI's are available to answer any questions. The course structure is

engaging because there's a new theme or domain every week with occasional guest lecturers. The workload is light and manageable. Some other useful skills developed through the assignments: writing policy briefs, writing a research proposal, and developing a budget. Additionally, the readings and related discussions foster critical thinking and help develop analytic skills.

**PH 257: Outbreak Investigations.** Instructor: Arthur L Reingold. A discussion based class in which Dr. Reingold teaches the various aspects of performing outbreak investigations. Given readings each week on specific topics and "discussion questions", which are then discussed in class. Workload is very reasonable, and Dr. Reingold is very engaging in discussions. No specific assignments, quizzes, or tests. Dr. Reingold is very experienced and is a wealth of knowledge when it comes to outbreak investigations. The readings assigned are a bit dated, as in general outbreak research specific to the class are difficult to come by.

**PH 213A: Family planning, population change, and health.** Instructor: Ndola Prata. Lecture based class with a very light workload. Several readings each week, but most are short. The course covers most of the spectrum of family-planning with a global focus, including the design and implementation of programs in various countries. Experienced guest lecturers bring in different perspectives. There is substantial freedom to choose the topic of the final paper and it can also be used to develop one's Capstone project.

**PH 290.002: Social justice and worker health.** Instructors: Suzanne Teran and Diane E Bush. Course uses innovative teaching methods to keep students engaged throughout the three-hour long class. Readings are long and heavy, but the workload is not. All assignments involve the application of learnings from class and develop analytical and writing skills. The group work for the class is paced well making it easier for students. Has a lot of experienced guest speakers, including workers and activists.

**PH 211/LAW 2646: Health and Human Rights.** Instructors: Eric Stover & Rohini Haar. This is by far one of the most interesting courses I've ever taken - it was so thoughtful, well-adapted to virtual learning, and fascinating. The professors have incredible professional experience and are very driven by student engagement. The diversity of guest speakers is impressive - we learned from NYT reporters, practitioners working with trafficking and torture victims, and leaders in human rights research. The course requires a 30-page paper (topic of your choice) to be submitted at the end of the semester - beyond that, there are really no other deliverables. However, it is expected that you carefully read all assigned literature and come prepared to share your thoughts in class. It is well worth the work and a great class.

**PH 210: Foundations of MCH Policy.** Instructor: Cassie Marshall, PhD. This class does a phenomenal job of linking theory, application, and action. Dr. Marshall structures the course in such a way that you see how MCAH came to be, how it has changed, and where it is going. She brings in terrific speakers that expose you to real examples of people changing MCAH policy including Expecting Justice's team (Links to an external site.), experts on ACEs, and Alameda County's head of Public Health. Dr. Marshall is an engaging lecturer and utilizes a variety of tools to make the class engaging and seems to spin magic in the form of community building.

Workload: There is a mix of small assignments throughout the course that includes introductory videos, informal recordings of an issue you are passionate about, a TED talk style in-class presentation, and two short papers. The assignments build on one another and are scaffolded well so that things never become overwhelming. Readings include collaborative weekly comments that transform the act of reading for class from boring to an opportunity to clarify content and learn from peers. The only class I did all the reading for.

**PH 220E Global Health Policy.** Instructor: Stefano Bertozzi. The small course is a case-based group workshop approach to implementing global health policies. The four cases we looked at were designing a universal health coverage benefits package, international pandemic response, conditional cash-transfer program, and soda tax. The idea is not to give you an overview of global health, but rather to place you in the position of a consultant to a government or NGO trying to solve a health problem. Dr. Bertozzi is an exceptionally dedicated instructor with tons of experience. He tries to get to know you personally and is invested in improving your presentation and research skills and helping you network for jobs. He brings in speakers from the Gates Foundation, foreign and domestic governmental health organizations, the WHO, World Bank, etc. The course is a fair amount of work (~6-8 hours per week outside of class) but it is steady throughout the semester without a final or midterm exam.

## **SPRING**

**PH 254: Occupational and Environmental Epidemiology.** Instructors: Ellen Eisen and Sadie Costello. The class is mainly discussion-based and consists of weekly journal article critiques, covering various topics of occupational and environmental hazards and methods of analysis. The class would then discuss the critiques as a large group each week. The workload was higher than some classes, since you had to read a journal article and fill out the critique form each week, but I felt that I learned a lot about how to critically analyze papers. Some of the concepts were complex, though the instructors would give lectures at times, going over the concepts. As for grading, there were 4 critique forms that we needed to turn in for grades, and there was also a final group project in which we selected two articles and had to give a presentation comparing and contrasting them. After taking their class, I feel my critical thinking skills and ability to evaluate a scientific article have greatly improved. The workload is very manageable.

**PH 201E Public Health Interventions: Theory, Practice, and Research.** Instructors: Neuhauser, Linda and Syme, Leonard. A super-fun, thought-provoking, truly interdisciplinary class that encourages one to think of novel public health interventions with a new perspective. The workload is quite low with students having to do some background research, design, and present their idea for a public health intervention for a topic of their choice. Other than this

group project, there's just a short essay to give feedback on the class itself. There are guest lecturers every week and each session is more intriguing than the last. The instructors are encouraging and respectful, and so talented at class facilitation. As grounded as they are, their combined experience is truly mind-blowing. If you're interested in designing public health interventions, I would strongly recommend this class.

**PUBAFF 290 Design Thinking for Policymakers.** Instructor: Josie Innamorato. This was a half semester 1-unit course offered through the Goldman School of Public Policy. The course is designed as a series of workshops meant to engage policymakers through design thinking and putting participants at every step of the solution process. This class was one of the most wonderful and useful courses I took during my year because it was practical, engaging, and thought-provoking. The final project has you create a design-thinking proposal that is based off your current work or projects (great for your capstone!). The instructor, Josie Innamorato was great at facilitating the course and providing concrete feedback. The class size is capped at 15, because of the participation/discussion-based nature of the material. The course meets once a week for 2hrs. There are no required readings, but they are useful to do if you want to get the most out of the course. Outside of class there were assignments that usually took about 30min 1hr per week. The amount of work seemed a little much for a 1unit course, but it only lasted half a semester and the skills I took away were invaluable.

**PB 266B Zoonotic Disease.** Instructor: Peter Dailey. 2 units. This class focuses on major zoonoses and their life cycle, disease manifestations, epidemiology, and methods for prevention and control. There is a heavy emphasis on One Health, for those interested in the topic. As someone interested in One Health, this course is the best one I've found in the public health school that truly integrates the One Health approach throughout the entire semester, rather than having it simply mentioned once during a random lecture. Each week has a different guest lecturer from a variety of different backgrounds/careers. Examples include wildlife veterinarian, state/local public health workers, USAID, researchers, etc. Topics discussed included anti-microbial resistance, dengue, malaria, outbreak investigation, tabletop response exercise, and rabies. There is an emphasis on discussion and participation. The readings for the class can get somewhat overwhelming, as there are often 4-5 papers assigned per week and sometimes they are very technical. The papers are provided mostly for background knowledge so that you can participate thoughtfully in discussion. Other large assignments include a group class presentation and a take home final. If you are interested in zoonotic disease and/or One Health, this is a fun overview course.

**PH 210B Adolescent Health** (Taken as an Independent Study Seminar). Instructor: Julie Deardorff. A group of us approached Julie about taking the course asynchronously as it was given on Friday afternoon in conflict with 292's seminar. Julie graciously offered to allow us to take as a 1-hour seminar together where she would lead discussions about the previous week's material and give access to the lecture recordings and readings. In non-Zoom times if given in conflict this would likely not be feasible, but the course itself was wonderful. Julie brings many paradigm-shifting insights about the strengths, motivations, and current issues in adolescent development. She had exceptional speakers and was able to moderate discussions that did not shy away from the deep or complicated issues.

**PH 223C Strategic Management and the Health Sector.** Instructor: Kim MacPherson. Taken to fulfill the required leadership course, this class focused intensely on the business/management strategy side of Healthcare. It was interesting to work alongside many MBA/MPH folks. While

it can be uncomfortable to think about the consumer/client side of health care delivery in terms of business success it felt important to learn about how all aspects of this world can work together. The business buzzwords were a little alienating at times because that isn't my background, but Kim and the class were very helpful. The workload was not too arduous, but there were a few larger group projects, including working with real local businesses (hospital systems, startups, etc) working on strategy projects. My team worked with a teletherapy company looking to scale cross-licensing for their therapists on their platform. It was fun to work on a school project that had immediate real world application.

## **Electives Recommended by Class of 2020**

### **FALL**

**PBHLTH 206: PH Nutrition Core Course.** General overview of various public health issues. Very light readings every week. Just a final paper and presentation. Excellent guest speakers. Very interesting topics.

**PBHLTH 210: Foundations of Maternal and Child Health Policy, Practice and Science.** Great overview of MCH, US policy, skill building. Well thought out assignments, readings, topics. Can be used for capstone project development.

**PBHLTH 212A: International Maternal and Child Health** Leisurely paced class. Best for students who want to learn international concerns with regards to maternal adolescent and child health.

**PBHLTH 213A: Family Planning, Population Change, and Health** For those interested in global health or reproductive studies. Small, interactive class with a professor who is an expert, knows everything and everyone!

**PBHLTH 216A: Biological Embedding of Social Factors** Best for students who are looking for the interface between social science and biomedicine, for students who need a lighter course to balance their course load. Teacher is a lovely human who gives time for in class discussion and does not shy away from talking through difficult topics (e.g., white supremacy, colonialism). Course attracts an interesting mix of students from SPH programs and programs from other schools.

**PBHLTH 220D: Health Policy Advocacy** Learn policy history, how law and public health work together. Experienced professors.

**PBHLTH 224E: Health Care Quality** Quality improvement work with an actual real-life application project. Good professor who will teach great theories and skills for future quality improvement projects as a doctor.

**PBHLTH 257: Outbreak Investigation** Very light workload. Art Reingold is an expert in the field and challenges you to think critically.

**PBHLTH 266C: Hospital Associated Infections** Learn the tasks of an infection preventionist. You'll learn from others, and John Swartzberg has great experience to share.

**PBHLTH 290: Health Issues Seminar - Critical Theory and Social Science Methods** Learn critical theory analysis. Heavy workload, but readings are full of important historical and critical theories. You will also interact with laws students who have cool perspectives, it's great to talk to them.

**PUBPOL 271: The Political Economy of Inequality** Best for students who want to learn politics. The discussion is super useful and you see students from other disciplines.

**SOCWEL 210C: Aging Processes** Learn about aging and social factors that influence it. Professor Scharlach is amazing, and there is great space for open discussion.

**UGBA 152: Negotiation and Conflict Resolution** Best for students who want to learn how to approach potentially contentious discussion of dividing limited resources in a way that leads both parties on good terms. You will practice negotiations of fictional and semi-fictional scenarios every week. Good for people comfortable with participation, must prep before class.

**MBA 209F: Fundamentals of Business** Good for anyone who wants to learn how to better understand how organizations do accounting as well as how to market. Excellent lectures, and although it is 3 hours, it is definitely worth it. It's a good investment of your time and all the content is high yield/applicable.

**PBHLTH 226A: Health Economics** A Light workload. Better understanding of how health compensation works. Learn about different payment methods, gain idea of how to improve costs.

**PBHLTH 269E: Current Topics in Environmental Medicine** Minimal workload. Different expert speakers every week, wonderful course directors. Great for OEM and environmental medicine.

## **SPRING**

**EWMBA/MBA296.11 Unlocking Digital Health Innovation** You get to partner with a real-life client (this year was Eko Health) and do a business proposal for something related to digital health. You work in an interdisciplinary team which is really great to learn other's perspectives and collaborate.

**PBHLTH 201E Public Health Interventions: Theory, Practice, and Research** Encouraging, energetic faculty. Small class size. Active small group work in every class. Opportunity to interact with students from a wide range of programs. A relatively light workload.

**PBHLTH 210B Adolescent Health** Mid-level of reading per week. Deliverables for semester include presenting one current events article during the semester, and then one major semester long project. This project is scaffolded very well, and students submit small pieces of this and receive helpful feedback from the instructor throughout the semester. The instructor creates a very open and collaborative classroom environment.

**PBHLTH 212A International Maternal & Child Health** Light workload. Best for students who

want to learn about the global perspective of Maternal, Child, Adolescent Issues & Solutions. Engaging discussion.

**PBHLTH 219C Community-Based Participatory Research** Readings are assigned each week and are the basis of discussion. In general, the workload is pretty appropriate for a 3 unit course. Best for those who have a strong interest in or a background in participatory research. The professor really bases much of the class discussion around what is of interest to students.

**PBHLTH 219E Introduction to Qualitative Methods in Public Health Research** Moderate but evenly distributed workload. Best for students who want to learn qualitative methods – very comprehensive and detailed.

**PBHLTH 255A Social Epidemiology** An introduction to social epidemiology. You don't have to know much about epidemiology beyond the breadth course. The focus of this course is on learning and applying theories of social epi, NOT in learning and applying methods. Really interesting topics presented each week. Highly engaged class discussion. Highly recommend this course for anyone interested in exploring social determinants of health!

**PBHLTH 258 Cancer Epidemiology** Mixed workload. Great faculty.

**PBHLTH 269C Occupational Biomechanics** Best for anyone who wants to learn more about MSK disorders at work or even less thought-of things such as chair choice, lighting, desk height etc. Wide range of topic choices and interesting lectures.

**PBHLTH 288C Preventative Medicine Seminar** Great for physicians especially medical students, IMGs like myself and occupational medicine people.

## **Electives Recommended by Class of 2019**

### **FALL**

**PH 290 - Structural Competency** Interesting content not offered elsewhere in public health, diverse reading articles. Understand how macro structure impact individual situations. Would highly recommend for medical providers and those interested in social settings.

**PH 210 Foundations of Maternal and Child Health** The Professor is amazing and really made the class exciting and engaging. The workload was very manageable. A few reading each week. Class was leisurely paced and informative.

**PH 213A Family Planning, Population Change and Health** Any student interested in family planning should take this. If interested in an MCH/FP topic for your capstone project, you can work on that for this class.

**PH207A Public Health Aspects of Maternal and Child Nutrition** Readings are heavy but worthwhile. Great learning experience with great mentors. Instructor is very energetic.

**PH 204A Mass Communications in Public Health** Lori is wonderful, loved this class.

Relatively heavy workload.

**PH206C Nutrition Epidemiology** Leisurely paces, speeds up around last few weeks. Got to work with real NHANES data. Applied basic nutrition science, Epi, STATA and research methodology. Professor Madsen is amazing.

**PH206 Critical Issues in Public Health Nutrition** Leisurely paces, busier around time of student presentation. Critical issues in public health nutrition in US and globally.

**PH250B Epidemiologic Methods** Jack Colford is an amazing asset to research design and understand epidemiology. Good for those willing to take a deep dive in epidemiology methods.

**MBA 292 B Nonprofit Boards** Real life expertise from non-profit executives on execution, planning and governance.

**INFO 290 Research Design and Data Analysis** See data, research and decision making from an information systems perspective. Great Professor Nick Merrill.

## SPRING

**PH 269C - Occupational Biomechanics (Ergonomics)** To learn about ergonomic assessment of jobs learn to use tools to assess risk of MSK diseases. Site visit/job analysis with a partner. Often have foreign researchers, who have a different perspective which can expand your own. The final was really hard and was surrounded by a number of other projects from my other courses.

**PH 288CD Preventive Medicine Seminar** -Broad topics that are relevant for physicians that don't get covered in other SPH classes. Duration around 4 hours (2 papers and 1 short assignment). Two great instructors who want you to succeed as physicians.

**PH 298 (UCSF M180) Occupational Toxicology** 8 (half semester condensed course) 2 papers/1 presentation. To improve knowledge about workplace toxins/heavy metals. A large number of visiting lectures who may have been one of the first people to submit a case report/series on a particular compound. Fantastic course.

**PH 270C Practical Toxicology** Get into toxicology or present a poster with assistance. Develop a poster as a group and present it at the NorCal Society of Toxicology meeting as the main portion of your grade. Half the time there is free food. The poster took a long time, but it was worth it.

**PH 200F Environmental Health Online** I liked the topic/lectures and the variety of assignments. Doing a group project with people in a number of different countries/time zones that have different availability than you. Way too much work for a 2-unit course. Take the in person class unless you have a light spring semester

**PH 142W Intro to Biostats (Online)** Great lectures. Well thought out. Much better teaching on use of R than Fall in person class. Problem sets were not all R and multiple examples were in the reader. Study at their own pace and don't mind doing Zoom/skype office hours. Second half of course had lectures and problem sets not being posted until over halfway through the

week. Too late in the program for biostats to be useful in Capstone.

**UGBA 192T Edible Education 101** About the food system and how to take action and improve our food system. Great, well known guest lecturers like Alice Waters. Class challenges you to apply what you learn and take action in your daily life.

**PH 290 Public Health in Practice: Communicable Diseases** Get a sense of what the California department of health does and wants to work for the public health department or is interested in real life application of outbreaks. Many great speakers who all work for the California department of health (the class is held in Richmond at the California department of health). Great way to hear how people who work for the CDPH got to where they are and also connect with them if interested. Also got to stay up to date on the latest outbreaks, like measles, and how the CDPH handles outbreak cases.

**PH 281 Public Health and Spirituality** How spirituality relates to the public health field. This class is ultimately based on how well group discussions go since there is no lecture and everything is group discussions. Light - 1 final paper, 1 weekly 1 page reflection.

**PH 260F Infectious Disease Research in Developing Countries** Weekly guest speakers who spoke about their research in developing countries, able to connect with researchers whose work you find interesting.

**MBA 252 Negotiations and Conflict Resolution** Very engaging/fascinating/fun. One of the best classes I took at Berkeley. To gain exposure to this extremely important skill.

## **Electives Recommended by Class of 2018**

### **FALL**

**PH 203A - Theories of Health and Social Behavior** A lot of reading but the readings were helpful and enjoyable, Seth Holmes is an incredible professor and the readings really changed how I think about medicine and public health.

**PH 250B - Epidemiology II** Instructor is very clear and organized and the content and pace are good. Grades are heavily determined by three exams which doesn't account for the investment in homework and readings.

**PH 210B - Adolescent Health** Students can do a real project. Multi-disciplinary view of the target population. Great presenters.

**PH 216A - Biological Embedding of Social Factors** Great discussions on the science behind social determinants of health. Very light workload and flexible deadlines.

**PH 211 - Health and Human Rights** Taught by the Human Rights Center on campus. Great expertise and brought in amazing guest speakers. Explored how to move health and law together in really interesting ways.

**PH C233 - Healthy Cities** Get to collaborate with students in city planning and do a community project.

**PH 291A - Preparation for Public Health Practice** Exposure to careers in public health, meet local public health professionals, and network.

**MBA 209F - Fundamentals of Business** Different approach to thinking compared to public health, broad exposure to management, leadership, and finance.

**PH 224E - Health Care Quality** This goes over the hard science of social determinants of health. The professor is hilarious and extremely knowledgeable, and we had good discussions. You gain on-the-job experience and practice. Great for health professionals.

**PH 218B - Evaluation of Health and Social Programs** Reading is a little heavy but the instructor does a very thorough job of how to conduct good program evaluations with real community partners. Expect a big workload with your evaluation plan for a community partner.

**PH 269E - Current Topics in Environmental Medicine** There's a student presentation at the end.

**PH 257 - Outbreak Investigation** Some of the readings are old but Professor Reingold is smart and entertaining. Light work load.

**PH 220D - Health Policy Advocacy** Professors really challenged you to think on your feet and think more critically. On the spot discussion of advocacy skills and current events. It can be intimidating at times but was a great experience overall. The projects at the end is long and time consuming.

**PH 226A - Health Economics** Decent amount of overlap with HPM breadths but definitely added information. In-depth health insurance discussion.

**PH 129 - The Aging Human Brain** Light reading and interesting material.

## **SPRING**

**PH 200A - Current Issues in Public Health Ethics: Research and Practice** This is a very challenging but stimulating course and so critical for anyone in public health. Highly recommend the professor Jodi Halpern and the class size of about 18 students.

**PH 201E - Public Health Interventions: Theory, Practice, and Research** This was a great course, almost like a think tank, which included lots of discussion and student driven presentations. Definitely would recommend for any public health student, though especially for those in the Interdisciplinary program like clinicians or those who work in medical settings and want to learn more about creative approaches to the hardest public health problems.

**PH W209 - Comparative Health Systems** This is a must take online class for people interested in global health and health policy. It's hard to balance the course load if it's offered on the second half of a regular semester.

**PH 255A - Social Epidemiology** This course covers equity issues through a social determinants of health lens.

**PH W226C - Economics of Population Health** This is an online course and covers the policy side of social equity issues.

**PubPol 103 - Wealth and Poverty** One becomes a better person out of taking Robert Reich's class. It is very difficult to get into this course though.

**PH 271C - Drinking Water and Health** This course is excellent for those who are interested in water-related projects and how they impact public health. Heavy on reading and expectations but Prof. Smith makes it fun with her innovative jigs - Jeopardy, Movie, interesting case studies (Flint Michigan, Salinas Valley and more), visit to Orinda water treatment plant, stakeholder discussion forum, term paper, and quizzes - all rolled into one.

## **Electives Recommended by Class of 2017**

### **FALL**

**PH 203A – Theories of Health and Social Behavior.** Best for students who want to learn how to apply health theory to interventions and think about the social determinants of health. Learn how to bring a social justice perspective to public health work. A lot of readings per week but totally worth it. Seth Holmes is a great facilitator and wonderful resource. Definitely take this course if you can!

**PH 204A – Mass Communications in Public Health.** Learn really practical and applicable skills in using media to advance policy and in analyzing how media frames topics. Best for students who want to learn how to make upstream public health changes, how to start a social movement, and how to advocate for policy change. Lots of work, but would still highly recommend. The professor is amazing – she will try to scare you away from the class but just come back the week after and you will get in. She is knowledgeable, dynamic, engaging, and tough but fair.

**PH 220D – Health Policy Advocacy.** Best for students who want to learn really practical and applicable skills in policy and advocacy. Harry Snyder and Tony Iton are amazing! They shift the discussion according to the needs of the students. Great mentorship from professors. Engage in conversation rather than lecture. They expect you to know the readings very well. Work load goes up and down but is manageable. The policy plan is a lot of work but definitely worth it.

**PH 223F – Effective Public Health Negotiations.** Manageable workload but lots of outside prep. Learn practical negotiation skills in healthcare settings. Almost all practice scenarios. Learn how to better your own negotiation style. Best for students who want to learn self confidence and power of persuasion. I now feel much more confident about asking for what I want and negotiating (including negotiating salaries!)

**PH C253 – Foundations of Public Health.** Light work load. Best for students who want to learn

about the global burden of infectious and non-communicable diseases around the world. Work load is not too bad. Wonderful lectures. Great course overall.

**PH 290(9) - Structural Competency.** Gain knowledge in how different structures affect health and health care. Seth Holmes Is inspiring! Lots of amazing discussions. Very laid back and flexible course. Sometimes readings are very heavy on theory.

**Soc Wel 255 - Community Organizing.** Reasonable work load. Best for students who want to learn community engagement and organizing. Great students and speakers.

**PP 260 - Public Leadership and Management.** Weekly assignments, and tough for people that struggle with introspection. Best for students who are interested in the psychology of leadership and want to devote time to personal development. Dan Mulhern is incredibly invested in his students. The course gives you the structure and accountability to work on yourself and your vision/leadership goals with as much help from Dan as you need. You have to be personally interested in self-development and have the personality to learn from different perspectives. Some students struggled with this.

**MBA 292N - Social Impact Metrics.** Good practical skills for working with non-profits. Practice consulting. Case studies are very relevant and practical. Engaging professors and guest lecturers. Awesome experience working as consultant. Heavy for a 2-unit course.

## **SPRING**

**PH 201E - Public Health Interventions: Theory, Practice, and Research.** Best for students who want to learn design thinking for public health interventions, intervention oriented thinking, and network. Awesome professor, chill work load, but learned a lot. Your classmates really make the class- everyone has "learner" mindset. Leisurely class - workload is just a group presentation.

**PH 204G - Research Advances in Health Disparities: Multidisciplinary Perspectives.** Best for students who want to gain a broad understanding of health disparities. Fantastic discussion and guest lectures.

**PH 214 - Eat. Think. Design.** Tough class. Best for students who want to learn design thinking and work on multidisciplinary projects. Fun community but course is not very structured.

**PH 241 - Statistical Analysis of Categorical Data.** Lots of work- weekly homework forces you to stay on top of the work. Lectures are recorded which is very helpful. Best for students who want stat skills and how to use STATA. You get the stat skills you need for your MPH project.

**PH 281 - Public Health and Spirituality.** Light workload and short weekly readings. Best for students who want to learn about how religion and spirituality intersect with public health. Wonderful professor, great climate of the course, and great discussion.

**PH 290 - Impact Evaluation.** Moderate to heavy work load and weekly homework. Best for students who want to learn impact evaluation, causal inference, STATA, and research methodology. Learn practical skills. Dr. Gertler is fantastic and very accessible. Everything about the course was amazing. Consider taking it S/U.

**Devp 237 – Leadership, Conflict Resolution, and Community Development.** A lot of readings. Super cool guest lectures.

## **Electives Recommended by Class of 2016**

**PH 253G - Sexual Health Promotion and Sexually Transmitted Diseases.** Great, highly recommend. Great guest speakers talking about transgender health, trauma-informed care, HPV, HIV, prevention, etc. Great overview of sexual health issues with a social justice perspective. Really low workload, just weekly readings, a final presentation and an annotated bibliography. No Paper! Taught by the head of the STD control branch at CDPH, who is awesome.

**Social Welfare 274 - Immigrants and Refugees in the U.S.** Good if you want broad overview of the policies and social welfare issues affecting immigrants and refugees in the US. Good readings, covers wide range of issues including children, domestic violence, health care, etc. Enthusiastic, supportive professor. The 2nd half of the class is all student presentation which got kind of repetitive.

**PH 205 – Program Planning, Development and Evaluation.** Good overview of how to plan a program in public health. Enthusiastic, supportive professor. Get to work on a real-world project with a community organization.

**PH281 – Health and Spirituality.** A lot of reading, but can skim it. Weekly write-ups, but very easy. How religion and health interacts as shown in current literature. Doug Oman is great and very accommodating. The class is only 8 weeks, which gives time for MPH project.

**CY PLAN 230 – US Housing, planning and policy.** There was about 4 hours of reading per week, but not necessary. People who want to learn about housing, housing policy, housing advocacy, housing discrimination, etc. Carole Galante is the instructor; she is amazing and she invites amazing people both in HUD and other local and national housing organizations.

**PH 266B – Zoonotic Diseases.** About emerging infectious diseases, one health approach. Dr. Dailey’s enthusiasm, amazing guest speakers, ‘flipped’ classroom – more interactive and engaging.

**PH 291C – Participatory Research.** Lots of reading and two papers. Moderate workload. CBPR qualitative research is awesome. Readings were good. Too much small group work.

**PH 219E- Intro to Qualitative Methods.** Paper builds throughout semester. Lots of reading. Really practical if you want to do Qualitative research.

**PH 201E Public Health Interventions.** Light and fun. Design thinking. Linda and Len rock! Fun, laid back, inspiring, opportunity to get creative. Professor extremely willing to meet outside class to discuss project and other life questions, which was helpful and inspiring.

**PH200A – Current Issues in Public Health Ethics.** Hard reading in the beginning, but lighter load later to focus on final paper. Small class with lots of open discussion.

**PH243C - Information Systems in Public Health.** Easy optional reading. Overview of current info tech systems in healthcare. Easy course load stimulating guest speakers at cutting edge of informational technology.

**PH216A - The Biological Embedding of Social Factor.** Best for students who want to learn about the biological underpinnings of how discrimination/poverty etc. affects health. Very light work load. Inspiring professor.

**SW 210C - Aging Processes.** Optional reading. In-class discussion most important. Professor was a very kind, enthusiastic, knowledgeable, and overall excellent professor. Variety of topics related to aging. Kind of slow paced class sessions, but gave me room to think.

## **Electives Recommended by Class of 2015**

**PH 181- Population and Poverty.** Not a big workload. Good overview of all the issues facing our world today! Amazing, world-renowned and passionate professor (Dr. Potts).

**PH 203C - Theories of Health and Social Behavior.** How to think about health, policy, funding, the body and PH methodology more critically. Excellent professor (Seth Holmes, MD, PhD) with amazing class discussions. You get introduced to a whole new way of thinking so that we don't keep repeating the same mistakes or making vast assumptions. Lots of reading - 60 pages per week.

**PH 204 - Mass Communication and Public Health.** Significant workload - 405 hours per week of reading, large semester-long project, and other assignments. Helps us understand how to use media to advance PH. Learning a real skill set - practical and you actually practice skills you're learning. More work than my other classes - probably should be 4 units rather than 3. I learned more in this class than any other class. I heard from alumni and this was very valuable and useful. Lori Dorfman is an amazing instructor who inspires her students to take action. Writing an op-ed and letter to the editor as an assignment was a highlight. The group project was tough but it still wouldn't deter me from the experience. Time intensive but learned the most SKILLS so far! Good guest lecturers. Lots of reading and assignments.

**PH 206 Core Nutrition Topics.** Good background for any student. Barbara Laraia is super nice and laid back. Topics are interesting, self-directed topics are great. Paper and presentation.

**206C - Nutrition Epidemiology.** Epi study design, critical thinking, STATA. Kris Madsen is an amazing teacher. Nutrition students are nice!

**PH 213 Family Planning.** Great class with good discussion of global issues but very high workload.

**PH 220D - Health Policy Advocacy.** Manageable short readings each week and one final paper -- ~2 hours/week. How to take a PH issue and come up with an advocacy plan to address it. Great guest speakers and group discussion with manageable workload. If you don't like group discussion and speaking up in class, this course probably isn't for you unless you're trying to

develop these skills. A great class for thinking about leadership and how to be a force for positive change in your community. Pretty leisurely. Learn about policy advocacy, coalition building, capacity building. Discussions were thoughtful, guest lectures were incredible, and students brought snacks! Not a lot of direction about final project until the end.

**PH 224 - Healthcare Management.** Take any class with Professor Hector Rodriguez! **PH**

**226D Global Health Economics.** Great speakers. Learn how healthcare systems work.

**PH 224D - Health Organizations and Management.** Course is largely reading based with couple of short papers and a group presentation. Learn about organizational management and how it applies to health care. Instructor is very friendly and enthusiastic and engages the class very well. Is heavily theory based but with concrete examples.

**PH 235 - Impact Evaluation.** Weekly STATA assignments and major course project. Learn methods for evaluating impact of program or intervention. Instructors do great job of explaining material with real examples. This was the first year with STATA, which was not so good. But will likely improve. A fair amount of reading and almost weekly problem sets (3-4 hours each) and major final paper. Overall, an above-average workload. Best features: thinking through all the logistical challenges of designing an impact evaluation was really useful. Also, some speakers talked about the future of impact evaluation, which was interesting. It's a lot of time if you're designing a hypothetical evaluation. You learn to write a grant, design randomized control trials and do an impact evaluation. Taught by Paul Gertler and Jack Colford-- two big shots. Homework is intense. Impact evaluation is a specific program evaluation tool - it's excellent. Learn about impact evaluation - different methods and designing a study. Good class textbook and project. STATA homework not so great. Great knowledge based on real world examples and study design. A lot of STATA -- some took MANY hours. Pretty time intensive. Great lectures about components of impact evaluation, pretty theoretical. STATA homework took more time than the 1 unit that is allotted.

**PH 240 - Community Needs Assessment in Maternal and Child Health.** Heavy workload. You will be paired with a community group or member and actually do a CNA or related project. If you don't have an MPH project, you could use this class to partner with an organization and work on your year-long project. The teacher was a bit distracted and not well prepared with good class activities. Grading criteria very unclear.

**PH245 - Multivariate Statistics.** Four homework assignments plus a final project--- overall, a light work load. Best for students who want more advanced stats knowledge and computing skills. Class is very useful and practical -- you can apply skills to your project. First time this professor taught the course and it was a bit more confusing than it could have been. Great for learning different multivariate tools. Few mandatory homework assignments (4 total) plus one final project. Does not go too into depth. New lecturer-- feels like he's still working on his teaching style, but is open to feedback. Could use more real world examples.

**PH 250B -Epidemiological Methods II.** Tough, quick-paced, weekly optional homework, many readings. You get more in-depth coverage of study design and general epi. Great lecturer, well organized, you learn a lot. It may be too in-depth for students not that interested in epi.

**PH 253 - Global Public Health Core Course.** Readings interesting but did not have to do them. Good workload - 2 policy papers and a group project. Built around several issues in Global

Health. I enjoyed all the different perspectives and presenters and group discussions. It took a while to get our first assignment back and comments came just before the next assignment, but it was still OK. Lots of good speakers and info.

**PH 256 –City Planning and Healthy Cities.** A lot of reading – ~100 pages per week and required online responses. Also, big paper at end. Good for students interested in social justice. The readings were really interesting, diverse and important. The students are a smart bunch. But the professor isn't good at stimulating a lively debate.

**PH 260A – Introduction to Infectious Diseases.** Medium load and required intermediate knowledge of virology and immunology. Best for students who need comprehensive knowledge of infectious diseases. Very organized and comprehensive about infection – it includes etiology, epidemiology, clinical features, treatment, and prevention of almost all infectious diseases. Not so great for MDs – would probably be repeated in medical school.

**PH 290(4) – Health Communication in the Digital Era.** Leisurely pace; weekly blog posts for the class website. Learn how to effectively use social media, start a blog, use multimedia in the public health sphere. I learned a lot and experimented with Twitter, making videos, and class blog posts. The pace was slow and it could have been a little deeper. Teachers for the course listen to feedback and made changes based on class concerns. You get to be creative! Great teachers (Diego and Lisa). Some projects, e.g., video production, take a lot of time.

**PH 290(6) – Healthcare Quality.** Workload is 5-8 hours per week, depending on internship commitment. Taught by COO of SF General – gives solid intro to how to improve healthcare processes and deepens policy background greatly. You do internship at SF General or other organization to practice real work skills. Internship is time consuming. Really special class for clinicians or those interested in process improvement, future COOs, people who want to work at SF General. A lot of reading, two papers, class group project. Learn how to do a QI project using LEAN. You learn a great skill set for doing QI. Group project takes a lot of time. Based on a group project that requires 2-3 hours per week. Best for students interested in quality improvement, chronic care, lean management. Instructor is great and passionate about the subject matter. Project can be hit or miss but I think everybody in the class got something out of it.

**PH 298 (40) – Advocacy in Action.** Hands-on advocacy work with an organization. Getting to work with a community partner and learning about their work. I also liked learning from classmates about their placements. This semester the class was small, more organized in the future. If it isn't, you just need to manage your own work. Unlike many other classes, you can put your work for this class on your resume since it's like an internship or consulting project.

**Social Work 250M – Death and Dying.** Great course for anyone working in a medical setting and people working with older adults, long term planning and end-of-life care, or intensive care units. Really wonderful instructor, great discussion about end of life and personal experiences.

**Social Work 265M – Motivational Interviewing.** A new technique for motivating and working with patients to make change. Interactive, great instructor who has taught the course many times. You get a lot of practice with MI!

**Electives Recommended by Class of 2016**

**PH 253G Sexual Health Promotion and Sexually Transmitted Diseases.** Great, highly

recommend. Great guest speakers talking about transgender health, trauma-informed care, HPV, HIV, prevention, etc. Great overview of sexual health issues with a social justice perspective. Really low workload, just weekly readings, a final presentation and an annotated bibliography. No Paper! Taught by the head of the STD control branch at CDPH, who is awesome.

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**SW 210C - Aging Processes.** Optional reading. In-class discussion most important. Professor was a very kind, enthusiastic, knowledgeable, and overall excellent professor. Variety of topics related to aging. Kind of slow paced class sessions, but gave me room to think.

## **Electives Recommended by Class of 2014**

### **FALL**

**PH 201C - Needs Assessment in Maternal and Child Health :**Best for students who want to learn about program planning. Not much weekly course work but there is a semester-long project. Small seminar group, community involvement. You have to do a project – time consuming but rewarding. Course could use a little more structured discussion.

**PH 204A - Mass Communication in Public Health.** A heavy workload – weekly assignments and readings, and a very large final project. It totally changed my thinking towards public health – very useful course, teaches framing issues around environmental policy changes. Don't let the teacher scare you out of the class! She likes a smaller class size.

**PH 206 - Nutrition Core Course.** Overview of critical issues in PH nutrition. A couple of hours of leisure reading per week. Great topics, lecturers, passionate student who teach other. Professor Laraia is laid back. Interesting topics, interactive, wonderful teacher. Great class without too much work!

**PH 290 (4) – Health Communications in the Digital Era.** Global health mobile and web technology. Caricia Catalani is a great professor! But unfortunately class schedule interfered with seminar so had to leave early. Had to write up 5 blogs based on readings and present on one mHealth technology, and propose a new mHealth technology and present to the class in a powerpoint format. Totally doable. Professor was amazing and has great experience in the field. I learned a lot about new mHealth applications, wrote my first blogs, and created an mHealth innovation that ties into my public health interests. It was a very creative and hands on class – refreshing.

**PH 290(6) – Healthcare Quality.** My favorite class because the professor (Iman Nazeeri Simmons) is very engaging and topics very useful, especially for those interested in healthcare administration. Tons of work – semester-long project with a hospital/clinic is very useful but very time intensive. Class is so popular – don't let professor scare you away. She is amazing! She tries to weed out class to get smaller seminar. Two hours of reading per week; semester long project; two other short papers and final paper. Very informative and dynamic professor, well run and organized. Seminar with 20-30 students. It's the first time she taught the course. Group project with community partner had logistical challenges but professor was made aware and will make changes for next year. Course is very competitive to get in to – must go the first day to get admitted.

**PH 290(8) – Family, Housing and Health.** Light work load, no midterm or final. This course was taught in the problem-based learning pedagogy, and was my first class ever taught this way. It was a small multidisciplinary group (MDs, social workers, PH students, an architect) which enriched the discussions. There were three professors overseeing this course and it was

awesome being able to hear from all of them. Class discussions were facilitated and run by students and we went over five different case studies over the semester. Excellent class for social workers or those who will need to know more about policies, resources and interventions related to housing and health, and how to go about finding them.

**Business (Haas) 256 - Global Leadership.** Professor is awesome, class is engaging. Hard to get in to.

## **SPRING**

**PH 200D - Global Nutrition and Food Policy.** Instructor is awesome!

**PH 201E - Public Health Interventions** - Very supportive and knowledgeable faculty. Safe, creative space to grow as a public health practitioner.

**PH 205 - Program Planning, Development and Evaluation.** Grant writing skills and logic model. You walk away being able to plan a program! A lot of work - should be 4 credits.

**PH 212C - Immigration and Health: A U.S.-Mexico Binational Perspective.** Covers important topics in Latino migration and health. Overview of many issues affecting immigrants. Great professors, students from a variety of backgrounds.

**PH 216A - Biological Embedding of Social Factors.** Course is about epigenetics, social determinants of health, racism etc. Open forum to discuss cutting edge topics. Sometimes gets into nitty-gritty of science but course meant for non-science background people.

**PH 219E - Qualitative Methods** Light to moderate work load. Very good professor, interesting and interactive assignments although readings were often too theoretical.

**PH 281 - Public Health and Spirituality.** Great readings, laid back professor and class discussions. Class is half a semester only (first half).

**PH 243C - Information Systems in Public Health.** Learned about health-related technology. Very interesting topic, light workload. Survey course - so not super detailed.

**PH 257 - Outbreak Investigation.** Professor Reingold is incredible.

**PH C271G - Health Implications of Climate Change.** Global health, air quality, city planning. Some climate modelling readings were very complex.

**PH 290(2) - Designing Innovative Public Health Solutions: Eat. Think. Design.** Lots of work by the assignments are really fun. Design, prototyping, ethnographical interviewing. Fantastic course and great instructors, interdisciplinary group of students. Creative design thinking. Collaborative learning projects. Fun and useful! Group project working with a community organization. Lots of work but worth it.

**PH 290(8) - Public Health Journalism.** How to write articles, blogs, etc. Useful skills! Impacted

course, but instructor will do small group independent study if you can get a few people together.

**PH 291 - Preparation for Public Health Practice.** Mini skills sessions. Useful for communications skills – amazing! Especially speech skills session. Team building, how to give good powerpoint presentations, program management and evaluation.

**Public Policy 103 – Wealth and Poverty.** Robert Reich instructor – incredible class. Take it – you will learn a lot! Overview of wealth disparities in the U.S. Sign up early – class fills up fast. A moderate amount of reading.

**Public Policy 290(2) – Negotiations Seminar.** Basic negotiation theory based on Harvard’s negotiation program. Excellent instructor (Amy Slater).

## **Electives Recommended by Class of 2013**

### **FALL**

**PH 245 - Multivariate Statistics.** Good class. Lectures are recorded which is super helpful. Maureen is a good teacher and easily accessible for questions.

**PH 250B – Epidemiology.** Good class. LOTS of reading and outside work. Fast pace.

**PH 204A - Mass Communication and Public Health.** This class should be required, and the first half of it was really fun... the group projects were hard, but I think everyone learned a great deal, and it was the most down to earth public health class I took.

**PH 290 (1) - Impact Evaluation:** Great class if you want to learn evaluation. Lots of work, but you will learn a lot. The instructors are awesome! Small class with lots of time for questions. Super interesting material, final project was time intense but a very good learning tool, readings and lectures were great, but readings were long and could be quite dense, probably my most high yield course during the semester.

**285A - Injury Prevent and Control.** Super interesting material, small discussion oriented class, few easy/low key assignments, final presentation, mid/low time requirement outside of class... depending on if you read the readings or if you skim them... found it very useful as a medical student interested in primary care...

### **SPRING**

**PH 200A – Public Health Ethics..** My favorite class this semester. We think about the "why" behind what we do in public health - has spilled over and started informing how I approach my own discipline (landscape architecture) and how to teach my own theory class in the College of Environmental Design.

**PH 217C - Aging and Public Health.** Interesting seminar covering a very diverse set of topics relating to the elderly. Great for anyone who may have to work with the elderly in the future found it useful as a future MD; there were also a lot of Social Welfare students in the class. Weekly readings to prep for class discussion. Final paper at end of class/semester.

**PH 219E - Qualitative Methods.** Excellent class. Karuna is a great lecturer with a lot of qualitative & mixed methods research experience. Good balance of lecture & in-class activities. Assignments useful and fun to do.

**271G - Climate Change and Health.** interesting class, some overlap with 200C2 (Environmental Health Breadth course). Weekly readings and discussion. Poster presentation is final assignment. Covered lots environmental health topics that I was previously unfamiliar with. Some topics were pretty dense, especially since I basically didn't know anything about environmental health.

**PH/EH 272A - Geographic Information Science for Public and Environmental Health.** Very time-consuming, but I am learning a valuable new skill to use in public health. Clearer lectures than those taught elsewhere on campus. Class size is good and Alberto and Diane (the GSIs) are very supportive, patient and awesome.

**PH 281 - Public Health and Spirituality.** Really interesting readings, only 1/2 the semester, 2 units, short weekly assignments, option of a take home final or short final paper.

**PH 290 - mHealth Experiential Learning:** Excellent class and instructors!

**PH 290 (2) - Designing Innovative Public Health Solutions.** Excellent class! Applies methods from design, business, and engineering to creating solutions for PH problems. Excellent instructors and a fun class. Very challenging, always surprising, this class helps me re-learn how to approach projects and collaborate in a playful way. Very time-intensive, but I am also learning so much about pushing past my comfort zone.

**PH 290 (11) - US Food and Drug Administration, Drug Development, Science and Health Policy.** Interesting topics, readings and lectures can be quite dense/technical, readings can be quite long. Relevant for people interested in medicine, pharm, infectious disease, law, drug development, & drug regulation. Focus is on HIV/ AIDS and Hepatitis C.

**291A - Preparation for Public Health Practice.** One-unit workshop, covers topics that would be useful for any future professional, not just people going into Public Health. You are only required to attend 11 of the 2 hour sessions. Lots of really dynamic speakers, usually involves class participation in some sort of group or partnered activity. Very little prep required.

**UNIVERSITY OF CALIFORNIA BERKELEY SCHOOL OF PUBLIC HEALTH  
INTERDISCIPLINARY MPH PROGRAM  
PROJECT PARTNERSHIP AGREEMENT 2022-23**

*This work plan should be developed collaboratively by the community partner and student(s). All items must be agreed upon by both parties. Due TBA – please post to bCourses and email to your project adviser*

**Project Title**

**Brief Project Description**

**Project Objectives**

**Expected Project Deliverables/Products**

**Sustainability Plans**

**Dissemination Plans**

**Communication between Student and Community Partner**

*Frequency of Progress Updates per email (check one)*  Bi-weekly  Once per month  Once per quarter  Other (specify \_\_\_\_)

*Frequency of in-person or online Meetings*  Bi-weekly  Once per month  Once per quarter  Other (specify \_\_\_\_\_)

**Community Partner Liaison**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Signatures**

*The undersigned agree that the project plan outlined above meets a self-defined need of the Community Partner and engages the student in meaningful, specific efforts to meet that need. Both parties will retain a copy of this agreement, commit to regular communication and problem solving as needed, and will contact UCB Program Faculty promptly should any concerns arise.*

Community Partner Liaison \_\_\_\_\_

Student(s) \_\_\_\_\_

## **Literature Review Guidelines for MPH Project**

**Purpose:**

The literature review will inform you of the body of research relating to the topic of your project. The best literature reviews are those that contextualize the project and its importance to

public health, and discuss the shortcomings and successes of existing research to address similar questions/needs. For your reference, you can browse through several sample MPH project reports of recent years in your handbook, or browse through MPH project reports of recent years and samples for the literature reviews, all are posted on BCourses.

### **Length and format:**

Approximately 6-8 pages, double-spaced

### **Outline:**

Literature reviews should use the following outline:

#### **I. Title**

#### **II. Abstract**

#### **III. Introduction**

Describe the importance of the topic, both broadly and with respect to the specific population(s) served by your project, in a style appropriate for academic settings.

#### **IV. Main themes in the literature**

This must reflect synthesis across sources as opposed to straightforward linear summaries of identified relevant articles.

#### **V. Conclusions/lessons from the literature**

- i. Summarize the lessons from the literature
- ii. Identify what is still lacking in the literature

#### **VI. Reflection on application of literature to, and implications for, planned project**

#### **VII. Bibliography**

Be sure to include proper referencing of all cited sources. (e.g. AMA style [https://owl.purdue.edu/owl/research\\_and\\_citation/ama\\_style/index.html](https://owl.purdue.edu/owl/research_and_citation/ama_style/index.html); AJPH; or other styles from peer reviewed journals in the field).

### **CPHS (IRB) – Ethical Review of your Project**

**Plan ahead** - Many researchers are on set schedules for their research and theses. Plan in advance to allow enough time for the review cycle which can take some time depending on the circumstances. Review cycles, depending on the quality and completeness of the submission, can take up to 8 weeks or longer.

**Seek feedback from colleagues** - Student researchers should work with their faculty advisors closely for mentoring, drafting, and other assistance with the research protocol. Obtain a copy of an approved protocol from a colleague to see commonly used language.

**Complete/comprehensive informed consent process** - Researchers should ensure that the

consent documents are clear and concise and should be in a language that is understandable to the subject. See the Informed Consent Guidelines, Consent Builder, and templates on our website (<http://cphs.berkeley.edu/content/informedconsent.html>).

**Clearly describe study procedures** - Remember that the reviewer needs to be able to put him/herself in the shoes of the subject and they can't do that if there is not enough detail. The protocol should include how long each procedure will take, frequency, and estimated total time commitment for the subject to participate in the study.

**Confidentiality** - *Privacy* refers to the individuals' right to control access to themselves. On the other hand, *confidentiality* refers to how private information provided by individuals will be protected by the researcher from release. Describing how the confidentiality of research information will be maintained is an important element of the protocol & consent process.

**Anonymous data collection** - *Anonymous* data collection means that no identifiable information (e.g., name, address, student ID number, email, phone number, etc.) is connected to the data either directly or through a coding system, *at any point in the study*. Therefore, even if the identifiers are separated from the data immediately after collection, the study would not be considered anonymous. In addition to videotapes and photographs, audio recordings are considered to be identifiable; therefore any data collection that involves audio recordings, video recordings, or photographs of subjects would not be considered anonymous. It is also possible that multiple pieces of information, none of which are identifiable on their own, may uniquely identify a person when brought together; in this case, the data would be identifiable and would not be considered anonymous.

**Risks/discomforts from study participation-** Remember to include both the possible risks *and* discomforts from participation in the study. With all studies that involve the collection of private identifiable information, there is a chance that confidentiality could be compromised. However, researchers should also keep in mind that some procedures, including surveys and lab experiments with deception might cause some type of discomfort (whether physical or emotional). When making a risk assessment, the Committee takes into account both probability and magnitude of harm, so researchers should address both of these factors in the protocol.

**Guidance on specific topics** - There are guidance documents on specific topics that may be germane to your research - what requires CPHS/OPHS review, deception in research, subject recruitment, data security, international research, etc.  
(<http://cphs.berkeley.edu/guideline.html>)

**eProtocol Quick Guides:**

[http://cphs.berkeley.edu/eprotocol\\_guides.html](http://cphs.berkeley.edu/eprotocol_guides.html)

How to create a protocol:

<http://cphs.berkeley.edu/eprotocolguide/investigator/create.pdf>

How to check for completeness:

<http://cphs.berkeley.edu/eprotocolguide/investigator/check.pdf>

How to submit a protocol:

<http://cphs.berkeley.edu/eprotocolguide/investigator/submit.pdf>

How to respond to comments:

<http://cphs.berkeley.edu/eprotocolguide/investigator/comments.pdf>

## Questions?

Call our office: 510-642-7461. We answer phones during business hours: 8 am - 5 pm, M-F.

**Website:** <http://cphs.berkeley.edu/> (use the search box) Email: [ophs@berkeley.edu](mailto:ophs@berkeley.edu)

*\*If you have submitted an application, contact your assigned panel manager.*

## Commonly Requested Revisions:

- Include maximum total sample size. If unsure, over-estimate.
- Include recruitment details specific to the proposed study.
- Include copies of all data collection materials.
- Include interview questions. At minimum, include topics to be explored during the interview. • If obtaining consent online, choose the "Unsigned Consent" type. Be sure to complete all text boxes.
- Include a PDF copy of the Student Investigator's CITI completion report.  
Complete Group 1 (bio-medical) or Group 2 (social-behavioral) for Research Investigators and Key Personnel.
- Provide thorough but concise answers. Only include information relevant to the question. • When responding to comments, be sure make the applicable revisions to the protocol information. Be sure to click on the "submit to IRB" button to submit your responses and revisions.
- Include anticipated benefit to subject and society in the protocol and the consent form. If no benefit to subject, state so.
  - Make sure information is consistent between study procedures and the consent form. • Template Text for Adverse Events and Reporting Section in section 13F (biomedical)/11C (social behavioral) of eProtocol: "An initial report will be made to the OPHS Director within no more than one week (7 calendar days) of the Principal Investigator learning of the incident. The report can be made by fax, mail/delivery, phone, or email. The initial report will be followed by a formal written report, submitted via eProtocol, within no more than two weeks (14 calendar days) of the Principal Investigator learning of the incident."

## Positions Held By Interdisciplinary Alumni

- (former)U.S. Surgeon General
- Assistant Clinical Professor, UC Irvine, Division of Obstetric Oncology • Assistant Professor of Pediatrics. Seattle Children's Hospital, University of Washington School of Medicine
- Assistant Professor, UCSF -- Hospitalist Physician
- Associate Professor, UCSF and UC Berkeley - Clinical Researcher • Assistant Professor, Stanford University; Advisor - Ethics Subcommittee of Advisory Board to the Centers for Disease Control and Prevention; Alta Bates Summit Medical Center - Palliative Care Chaplain; and St. Mary's College - Project Advisor • Assistant Team Leader, Pathways to Housing DC, Assertive Community Treatment • Associate Professor, Kumamoto University, Japan
- Associate Professor, University of Toronto, Factor-Inwentash Chair in Child Welfare • Behavioral Psychologist, Golden Gate Regional Center Clinical Psychologist, Department of Social Services/Social Security Administration
- Executive Advisor for Strategic Partnerships, CamFed USA Foundation

- Cardiac Anesthesia Fellow, Stanford University
- Clinical Assistant Professor, Stanford University
- County Governor of South-Trøndelag (Fylkesmannen i Sør-Trøndelag, Norway) - Chief County Medical Officer
- Director, Associates in Hospital Medicine / Methodist Division, Thomas Jefferson University Hospitals
- Director, CA Emergency Medical Services Authority / State appointed position ● Director, TEACH Program and Associate Clinical Professor, UCSF ● Fellow in Preventive Medicine and Public Health, University of Rochester Medical Center
- Fellow, Jiangsu Province Population and Development Research Center
- General Pediatrician, Kaiser Permanente
- Internist, Permanente Medical Group
- Laboratory Advisor, University Research Co., LLC,
- Managing Director, Absolute Return for Kids US
- Medical Director, Housing and Urban Health, San Francisco Dept. of Public Health/ Special Advisor to the Executive Director, US Interagency Council on Homelessness ● Medical Social Worker. Pathways Home Health and Hospice
- Nurse Practitioner, Stanford Hospital and Clinics
- Orthopaedic Trauma Fellow, Wellspan Orthopaedic Surgery
- Physician (Nunavut) Professor (University of Calgary) Partner (Habitat Health Impact Consulting)
- Pediatric Medical Director, San Mateo Medical Center; Keller Center for Family Violence Intervention
- Policy Analyst, Instructor and Researcher, University of California School of Public Health Center for Infectious Diseases Emergency Readiness
- Project Director, Global Access to Technology for Development (GATD) / ● Professor (University of Calgary) / Partner (Habitat Health Impact Consulting) ● Professor at PSIA-Sciences Po Paris and College de France, Chair: Knowledge Against Poverty
- Program Director, Division of Cancer Control and Population Sciences, National Cancer Institute, NIH
- Program Director, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health
- Psychiatrist (solo practice)
- Public Health Medical Officer, California Department of Public Health ● Public Health Physician, State of North Rhine-Westphalia, Health Department, Germany ● Self-employed / Graphic Facilitator & Group Process Consultant
- Resident, Department of Radiology, Stanford University Medical Center ● Self-employed in house calls and geriatric consultation practice; self-employed as geriatric consultant to [www.caring.com](http://www.caring.com). Also now blogging to raise awareness of needs of geriatric health providers at [www.geritech.org](http://www.geritech.org).
- Senior Medical Officer, Danish Health and Medicines Authority
- Student at UC Davis School of Veterinary Medicine

- United States Air Force Commander, 374th Medical Group United States Forces Japan/Surgeon General, 5th Air Force/Surgeon General (responsible for 11,000 people)

## 2012 Alumni Survey Results

N=61 - 22% response rate

### Some Geographic Locations of Alumni



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### Center for Public Health Leadership and Practice CAREER SERVICES

#### Jobs & Internships

Search for full-time or part-time jobs, fellowships, GSI/GSR, project & volunteer opportunities and internships utilizing the SPH jobsite:  
[sphjobsite.berkeley.edu/students/](http://sphjobsite.berkeley.edu/students/)

#### Career Counseling

Make an appointment to discuss career decision-making and job search strategies:

<https://publichealth.berkeley.edu/student-life/career-and-leadership-development/career-services/>

Have your resume and cover letter critiqued, conduct a mock interview or learn about career resources available to SPH students. Career counseling is also available to discuss applying to medical school, negotiating salaries and job offers.

### **Career Assessment**

Find out about the options available for you to evaluate your personality, interests, skills and values as they relate to your career choices. Make a career counseling appointment for more information.

### **Workshops and Programs**

Topics include career planning, interview preparation, resume writing and job search strategies. Workshops are listed on the SPH jobsite calendar and in Career Services emails sent out on the student listserv.

### **Special Events**

Interact with employers and public health professionals at a variety of special events hosted by CPHP, including Career Café, 291 Professional Development series, annual Career Fair, employer information sessions, guest lectures and conferences.

More information here: <https://publichealth.berkeley.edu/student-life/career-and-leadership-development/>

## **INTERDISCIPLINARY MPH PROJECTS - DETAILS**

**2009-2022**

Disclaimer: This fairly complete selection of MPH projects of recent years aims to provide additional details about methodological approaches that can help incoming students to quickly gain an understanding of projects conducted in the past. The provided remarks do not aim to be comprehensive summaries. If a particular report is of interest to you, you can find all project reports (anonymized) on the PH 292 BCourses website in the MPH Research Project Database.

**Year 2022**

Title	Abstract
<p>Successes and failures of vaccination campaigns: lessons learned from the COVID-19 pandemic</p>	<p>The COVID-19 pandemic has affected the countries around the world, bringing massive disruptions from several perspectives. As of April 5, 2022, there have been more than 490 million confirmed cases and over 6 million deaths globally, and more than 11 billion doses of COVID-19 vaccine have been administered around the world.<sup>1</sup> Nevertheless, there is a lot of variability in terms of vaccination rates among countries, with huge disparities emerging between high-income and low- and middle-income areas. Vaccines are the most valuable resource to address the COVID-19 pandemic, since they can reduce morbidity and mortality within the population, and they decrease the risk of the insurgence of new variants of the virus. This research provides an overview of the global situation of COVID-19 as of April 2022, and addresses some of the most relevant challenges associated with vaccination campaigns in the global pandemic. This project will mainly focus on problems related to national and international policies; R&amp;D financing; manufacturing and intellectual property transfer; pricing; procurement; transportation and storage; and vaccine hesitancy. This study will observe the main outcomes of COVID-19 vaccination campaigns around the world and will analyze some of the most significant successful and failing strategies. We will also develop a set of recommendations that could guide countries and international organizations in identifying the most effective strategies to implement vaccination campaigns during potential future epidemics and pandemics.</p>
<p>“Voy a perder mi casa pero no voy a perder yo”: A qualitative analysis of interviews conducted among Trans Latinas experiencing homelessness in San Francisco</p>	<p>As public health research continues to elaborate the relationship between housing precarity and the health of populations, the literature tends to rely on neo-liberal economic argumentation and fails to appropriately address the unique needs of multiply-marginalized populations. We argue that to effectively combat the conditions that make homelessness so pervasive and difficult to remedy, we must take an expressly political stance in the study of homelessness; one that refuses to engage in cost-analysis, that actively supports community organizing efforts, and that applies a critical intersectional analysis in order to better understand the unique needs of multiply-marginalized populations. Transgender Latinas are one such multiply-marginalized group that is often overlooked in housing policy and public health research on housing and health. Here, we apply a critical intersectional framework to the study of Trans Latinas experiencing housing precarity in our local context. Based on previously conducted interviews of 34 Trans Latinas experiencing housing instability, this study explores their</p>

	<p>unique experiences and difficulties surviving in a sanctuary city, as well as their visions for ways to reduce the precarity of housing instability in this multiply-marginalized community. The findings highlight the ways current housing policies and social services fail Trans Latinas, precisely because of their disregard for their multiple intersecting identities. Furthermore, the findings remind us that the best solutions to housing precarity often come from those directly experiencing housing instability and homelessness.</p>
<p>Tuberculosis among Adults Aged 65 Years and Older—Alameda County, California, 2016–2019</p>	<p><b>Background:</b> Adults aged 65 years and older represent an increasing proportion of United States tuberculosis (TB) cases, and their clinical complexity creates unique issues for TB management. In Alameda County, California, we examined clinical characteristics and treatment outcomes among older adults with TB disease.</p> <p><b>Methods:</b> We evaluated surveillance data from confirmed adult TB cases in Alameda County during 2016–2019. We reviewed public health department charts for TB cases aged 65 years and older to obtain more clinical details.</p> <p>Comparisons were made between younger adults (15-64) and older adults (≥65), who were further stratified by those aged 75 years and older. <b>Results:</b> Of 517 adult TB cases, 172 (33%) were older adults, and more likely to be male (68.6%), Asian (89.0%), non-U.S. born (98.3%), and have diabetes (32.6%) compared to younger adults. At time of TB diagnosis, older adults were more likely than younger adults to have a negative interferon-gamma release assay result (24.6% vs. 16.0%, p=0.01), particularly among aged 75 years and older (32.9%). Most older adults with pulmonary TB had sputum smear-negative disease (58.9%), and 19.9% were culture- and polymerase chain reaction assay-negative. On anti-TB treatment, 32.5% of older adults experienced ≥1 adverse event. Older adults were more likely to be dead at diagnosis (3.5% vs.0.0%, p=0.001), and were less likely to complete TB treatment (77.7% vs. 88.4% in younger adults, p=0.002), which was lowest among aged 75 years and older (72.9% vs. 84.3% in 65-74, p=0.04). Death during treatment was higher in older adults, particularly in aged 75 and older compared to 65–74 years (22.9% vs. 7.1%, p=0.01).</p> <p><b>Conclusion:</b> Older adults with TB disease faced several challenges, including negative diagnostic testing and poor treatment outcomes. A greater understanding of the presentation, adverse events and outcomes can guide interventions to improve TB care in this population.</p>
<p>Prevalence and control of co-existing metabolic disorders in patients with chronic liver disease, 2001-2018</p>	<p><b>Objectives:</b> To examine the prevalence of co-existing metabolic disorders in 3 subsets of chronic liver disease (CLD) (chronic hepatitis C (HCV), chronic hepatitis B (HBV), and alcoholic liver disease (ALD)), estimate the proportion of adults achieving control goals for metabolic disorders, and identify groups at highest risk of having concurrent metabolic disorders.</p> <p><b>Methods:</b> A secondary analysis using 2001-2018 National Health and Nutrition Examination Survey (NHANES) data was performed. Survey weights were used to determine prevalence of metabolic disorders and proportion of metabolic disease control in three subsets of CLD as well as a control group of adults without any CLD. Weighted multivariable logistic regression was performed to identify predictors for metabolic disorders and control.</p> <p><b>Results:</b> Our final cohorts are as follows: chronic HCV (614), chronic HBV (234), ALD (1,535), and non-CLD control (46,120). Prevalence of hypertension, metabolic syndrome, and any metabolic disorder is significantly higher in the combined CLD cohort when compared to the</p>

	non-
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	<p>CLD control cohort. Achievement of control goals for metabolic diseases is similar between the combined CLD and non-CLD control cohorts. Significant predictors for metabolic disorder are male sex and older age, and significant predictors for achieving metabolic disorder control are female sex and older age.</p> <p><b>Conclusions:</b> The higher burden of metabolic disorders among those with CLD provides evidence for a need to better diagnose and treat these underlying conditions to prevent morbidity, especially from cardiovascular disease. More research is necessary to understand the effects of metabolic disorders on different types of CLD.</p>
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<p>Beyond Screening: A Policy Review on The Landscape of Trauma Informed Care</p>	<p>Adverse Childhood Experiences (ACEs) are negative experiences with potential to significantly impact health outcomes and wellbeing in children and adults. Initially described in the 1998 Kaiser-CDC landmark study<sup>1</sup>, ACEs have a “strong dose response relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults”.<sup>1</sup> ACEs are exceedingly common in the general population, and affect individuals, families, and entire communities. In children, the consequences of ACEs can manifest as toxic stress, which affects the developing brain and other aspects of child health and development. Thus, implementation of ACEs screening has been recommended in primary care settings.</p> <p>Nationwide, there are trends encouraging medical providers to screen patients for ACEs, with recommendations to provide all patients with anticipatory guidance on the effects of toxic stress and potential benefits of resilience. California has been a national leader in implementation of ACEs screening and establishing provider reimbursement. However, the emphasis is overwhelmingly placed on screening, with minimal attention to the discussion of resilience, protective factors, and other methods that prevent toxic stress physiology. Additionally, in clinical professions there does not yet exist a standard for formal education about ACEs and Trauma Informed Care. Further research is needed to develop educational standards for clinicians to discuss these sensitive subjects with patients and families and provide requisite counseling. Furthermore, there is a growing body of research suggesting the current definition of ACEs is too narrow and fails to acknowledge events disproportionately affecting already marginalized populations, thereby exacerbating existing disparities. This inquisition prompts consideration of the necessity of screening tools and offers areas for improvement in quality of those tools. Investing in better understanding, assessing, and addressing ACEs and Trauma-Informed Care can benefit individuals, families and entire communities in our society.</p>
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<p>School-Based Health Resources in California, Evaluating the Current State and Avenues to Expand Access</p>	<p><b>BACKGROUND:</b> Children have faced unprecedented challenges during the COVID-19 pandemic. This has led to renewed calls to fundamentally change the way schools operate and teach to better address health. Yet how this is best accomplished in the U.S. is not clear. While modern guidelines support the development of integrated health personnel and facilities in schools, in most states this has been accomplished to a limited extent.</p> <p><b>METHODS:</b> I reviewed current legal context, availability and funding sources for school health resources in California and developed recommendations for how to expand access moving forward.</p>
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	<p><b>RESULTS:</b> California has limited availability of school health personnel and facilities. Barriers to expansion of school health resources include provider shortages, challenges obtaining Medicaid reimbursement for services, limited state level grant funding, local control of educational priorities, and lack of interagency coordination.</p> <p><b>CONCLUSIONS:</b> Creating incentives and a streamlined process for nurses to become credentialed to work in schools could help to reducing</p>
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<p>Oral Health Literacy Toolkit rollout in California: A Mixed methods analysis</p>	<p><b>Background.</b> Assessment of the rollout process of the Oral Health Literacy (OHL) toolkit in California using a mixed-methods approach. Objectives include gaining feedback and identifying improvement areas. The overall goal of the toolkit is to increase practitioner and patient oral health literacy. <b>Methods.</b> The quantitative aspect consisted of anonymous post-training surveys distributed at regional dental societies. The qualitative aspect consisted of 1:1 interview with six dental champions affiliated with the research group. Data collection for surveys was Feb-Mar 2022 and interviews were Dec 2021-Jan 2022. Anonymous and deidentified data was analyzed using R and dedoose.</p> <p><b>Results.</b> From surveys (n=37), top toolkit components of interest were teach-back, increasing HL among staff, and plain language communication. Top implementation barriers were time constraint, insufficient staffing, and the need more training on communication techniques. From interviews (n=6), impressions, implementation prospects, and recommendations for the toolkit were obtained. Overall, presentation feedback, toolkit impression, and implementation prospects were positive.</p> <p><b>Conclusion.</b> With identification of interest areas and implementation barriers, further toolkit improvements can be made especially in facilitating reduction of barriers. Future assessments at clinical and patient levels will be helpful.</p> <p><b>Practical Implications.</b> The OHL toolkit is perceived generally positively by dental practitioners in CA and has the potential to increase population OHL once implemented. Rollout at the national level may also be considered.</p>
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<p>Heart Rate Variability As A Predictor Of Same Day Mission Performance In U.S. Navy F/A-18 Flight Demonstration Pilots</p>	<p>Through the standardization of numerous safety practices, the rate of catastrophic aviation mishaps in the United States Naval Aviation has decreased over the last 60 years from 54 per 100,000 flight hours in 1950 to 3 per 100,000 flight hours in 2020. 1 Despite this improvement, however, poor sleep, psychological factors, or other “human factors” remain as causal factors in these residual mishaps. Physicians assigned to aviation squadrons (Flight Surgeons) are tasked with monitoring pilots for signs of stress and sleep deprivation to prevent aviation mishaps. However, this monitoring is inherently subjective in nature. To ascertain a more objective measure of performance and safety, this study aims to explore waking heart rate variability (HRV) as a predictor for same-day mission performance in U.S. Navy F/A-18 flight demonstration pilots.</p>
<p>Mobile application to promote social engagement for older adults: a feasibility study</p>	<p><b>Background:</b> In the United States, 13.8 million of older adults are living alone (ACL, 2018). One in three U.S. adults aged 45 or above were feeling lonely (Frank, D., 2018). Social isolation would cost \$6.7 million annually in Medicare (Flowers, L. et al., 2017). Thus, finding cost-effective, community based interventions to support and promote social and community engagement for older adults are needed. YohoFit is a mobile application developed to promote social engagement for older adults. This feasibility study aims to gather seniors and field experts feedback to reiterate the design of the mobile application and to gain insights for improvement</p>

	<p>of future pilot study procedure.</p> <p><b>Methods:</b> In this feasibility study, a mixed method is used. Pre- and post questionnaires are used to assess the physical and social needs of seniors. To evaluate user experience of the mobile application intervention, research participants are asked to use the mobile application for a month and then they are invited to attend a 30 minutes semi-structured interview. In order to gain better insights of the intervention, field experts are also invited to interview as well.</p> <p><b>Results:</b> Six research participants completed both the consent form and per-survey. Only one participant downloaded and used the mobile application for a month as well as completed the post-survey form. Pre survey results showed that 66.7% of participants felt often or some of the time isolated from others. 66.7% of participants described that they had excellent or good physical and mental health. From the feedback of the interviewees, three common themes were identified: 1) the usability of the mobile application features affected by users’ education level and digital literacy skills; 2) lack of mobile devices and digital literacy skills prevented needed seniors from accessing the mobile application; and 3) mobile applications features were useful to seniors, however, additional functions were needed.</p> <p><b>Conclusions:</b> Based on the survey results and feedback from the interviewees, the mobile application could be a way to promote social engagement with seniors. It is feasible to conduct a pilot study on a larger scale in the future with modifications, such as building relationships with organizations, simplifying the research procedures, improving mobile application features, and recruiting family members to pair up with their elder parents to participate in the research project.</p>
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<p>ICU, do you see me? Parallel bias and neglect of intersectional analysis in high stakes clinical machine learning</p>	<p>Algorithmic approaches to complex problems are proliferating in the fields of public health and clinical care. However, biases in algorithm training data, design decisions, and performance evaluations can negatively impact the health of millions. The intensive care unit represents a high stakes environment where algorithmic bias can generate harm. Here, we interrogate the demographic representation of MIMIC-IV, the most recent iteration of a widely used critical care research database. We also introduce the concept of parallel bias as an extension of Crenshaw's intersectionality framework and useful tool for describing the absence of intersectional assessment in machine learning approaches to intensive medicine and beyond.</p>
<p>Pediatric Patients with Acute Flaccid Myelitis: Respiratory and Neurologic Complications</p>	<p>Acute flaccid myelitis (AFM) is an infection mediated neurologic condition with spinal gray matter lesions that present with acute onset flaccid limb weakness. Those severely affected can develop respiratory failure and prolonged paralysis. This retrospective cohort study of pediatric patients with AFM assessed respiratory and neurologic outcomes according to respiratory failure at time of diagnosis.</p> <p>We used a previous Kaiser Permanente Northern California cohort of pediatric patients with AFM. Additional patients continue to be ascertained using radiographic and clinical criteria. Demographic and clinical data were assessed and summarized.</p> <p>A total of 33 patients met study criteria for AFM between January 1, 2011 and December 31, 2019. Twenty-eight patients were from the previously established cohort. Median follow-up time was 5.2 years. Eight patients (24.2%) had respiratory failure during the index hospitalization. Among</p>

	<p>children with respiratory failure, the incidence rate of requiring follow-up respiratory support was 0.15 cases per person-year. Those with respiratory failure had a higher Modified Rankin Score (mean difference 1.29, 95% CI: 0.34, 2.23) and a higher rate of respiratory related emergency and in hospital visits (rate ratio 1.94, 95% CI: 1.27, 2.96). This descriptive analysis found that pediatric patients with AFM who experienced respiratory failure at diagnosis may need long-term respiratory support, have higher healthcare utilization, and exhibit prolonged neurologic deficits. We continue to identify more patients to increase our sample size and gain more specificity in the overall incidence rate, risk factors, complications, and outcomes of pediatric patients with AFM.</p>
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<p>Assessing the Impact of Publicly Funded Mental Health Services on Adverse Birth Outcomes in California: A Planning Project</p>	<p>Although the association between behavioral health issues during pregnancy and adverse birth outcomes is well documented in the literature, the impact of intervention on this relationship remains understudied. This planning project describes a secondary quantitative data analysis of two linked statewide datasets, with the goal of exploring the impact of publicly funded mental health services, as an intervention, on reducing adverse birth outcomes in birthing persons living with behavioral health disorders in California. In partnership with the California Mental Health Oversight and Accountability Commission, the project will primarily explore the prevalence and associations of adverse birth outcomes in clients receiving publicly funded mental health services, with special attention directed at understanding differences in disorder types, race/ethnic groups, age, insurance status and types of service received. The secondary component of the analysis is assessing how adverse birth outcomes may vary based on timing of these services. The results of this analysis are hypothesized to show increased prevalence of preterm birth and low birth weight in Black and Indigenous patient communities, and in patients living with severe mental illness. When compared to no services received during pregnancy, we expect to observe a statistically significant decrease in adverse birth outcomes when starting mental health services during or before pregnancy. The hypothesized findings from this study have the potential to transform our understanding of the widespread impact of mental health services, with special emphasis on adverse birth outcome prevention in our communities.</p>
<p>The impact of early childhood supports on health and educational outcomes</p>	<p>Early childhood, starting in infancy, is a time of immense growth, and the experiences during that time of a child's life have an impact well into the future as the child grows older. It is a time of profound learning, and there is a small window of opportunity to make an impact on long-lasting health and educational outcomes that are dramatically affected by support in these early years, to children and families going through this period in their lives. Early childhood education programs all over the country, such as Head Start, provide much-needed education and support to many children, and prepare them for the elementary school years and beyond. My goal with this project is to analyze the impact of early childhood programs on health and educational outcomes, and make recommendations for a more equitable system. Data from the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 was analyzed, and the quantitative analysis revealed a positive association between attendance at preschool and achieving high academic levels in Reading and Math. An association between parental involvement at school and academic achievement as well as social-emotional development was also noted.</p>

<p>AB 153 - The Expectant Parent Payment Assessment of Statewide Progress Regarding the Implementation of a Guaranteed Income Program for Pregnant Foster Youth</p>	<p>Adolescents and young adults in foster care experience both intended and unintended pregnancy at higher rates than their peers who are not in care, are at increased risk of adverse health outcomes, are less likely to be able to purchase basic necessities for their child, report challenges finding and retaining employment, and are at increased risk of unstable housing. California’s extension of foster care to age 21 subsequently increased the number of pregnant and parenting youth in California’s child welfare system, and in 2022 there are a 777 parenting youth in care. Effective January 1, 2022, California Assembly Bill 153 established the Expectant Parent Payment (EPP), a new guaranteed income program for pregnant foster youth which provides \$2,700 over the last three months of pregnancy. To understand current policy and practices related to early statewide implementation of the EPP, John Burton Advocates for Youth (JBAY) surveyed county child welfare agencies in March 2022. Findings indicate that, while there has been statewide progress in the development of EPP policies, procedures and outreach efforts, gaps exist between policy and practice as many counties who reported births have not yet disbursed a payment. Counties are experiencing different challenges depending on their stage of implementation, and counties are reporting benefits to parents and infants that are consistent with the aim of the Expectant Parent Payment. Statewide, counties are very receptive to receiving EPP implementation support.</p>
<p>Environmental Microbes and Allergic Disease</p>	<p><b>Background</b> Several environmental factors were identified as protective factors against allergy and asthma, such as farm animal exposure in early life, and increased diversity of environmental microbes in household dust. Studies with large sample sizes are needed to examine the relationship between environmental microbes and allergy diseases.</p> <p><b>Methods</b> Two global databases, the International Study of Asthma and Allergies in Childhood (ISAAC) and the Earth Microbiome Project (EMP), were geographically paired and analyzed in our study. The primary outcome measure was the association between environmental microbial diversity and the prevalence of lifetime symptoms of allergy, asthma, atopic dermatitis, and allergic rhinoconjunctivitis. The health outcome was logit transformed. A linear regression model weighted on the sample size of the center and adjusted for national income was used to assess the association, presented as odds ratio (OR), between the health outcomes and microbial diversity at the center level.</p> <p><b>Results</b> Increased microbial diversity was inversely associated with the center level prevalence of lifetime symptoms of allergy and asthma in animal-, non-saline-, and soil-related microbial categories. The OR of non saline-related microbial diversity was 0.78 (95% CI: 0.62 – 0.99), and the OR of soil-related microbial diversity was 0.65 (95% CI: 0.50 – 0.84) for the center level prevalence of lifetime asthma symptoms. Saline-related microbial diversity was the only EMP ontology classification that was positively associated with the center level prevalence of symptoms of allergy (OR: 1.22, 95% CI: 1.09 – 1.37) and asthma (OR: 1.36, 95% CI: 1.16 –1.6) in our study.</p> <p><b>Conclusion</b> In our proof-of-concept preliminary study, increased animal-, non-saline-, and soil-related microbial diversity was found to be protective factors to the center level prevalence of lifetime symptoms of allergy and asthma. Advanced analytic methods and more data that enhance the precise pairing of allergy and microbial data are needed for future studies.</p>

<p>Pediatric Medical Traumatic Stress in Chronic Illness: A Survey of Healthcare Provider Knowledge, Attitudes, and Practices</p>	<p><b>Background:</b> Patients with pediatric-onset chronic illnesses (PCIs) are at high risk for pediatric medical traumatic stress (PMTS), defined by the Child Traumatic Stress Network as “a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences.” The unique position of healthcare providers in shaping the patient experience has led to calls for a trauma-informed approach to medical care in pediatric healthcare networks and for interventions aimed specifically at PMTS mitigation. In this national study of providers who care for children with PCI, we aimed to 1) characterize the provider attitudes, knowledge self-rated competencies, and practices around PMTS in PCI patients, and 2) assess provider resources for and perceived barriers to trauma-informed care implementation.</p> <p><b>Methods:</b> A convenience sample of United States PCI healthcare providers were recruited through national listservs and social media platforms to participate in an electronic survey. The survey was adapted from the Trauma-Informed Care Provider Survey Version 2.0 to reflect the population of interest. Additional questions were developed to assess attitudes, practices, and resources. The full survey underwent read-aloud testing and expert review to ensure readability and face validity. <b>Results:</b> Preliminary results include 274 participants from across all US regions, representing general pediatricians and pediatric subspecialists in 25 fields. 97% agreed or strongly agreed that decreasing patient and family stress is part of their job (n=266); and 99% agreed or strongly agreed that PMTS may impact patient physical wellbeing (n=271). Within the preceding 6 months, 90% had cared for a PCI patient with suspected PMTS (n=247); 60% had changed medical care plans because of patient PMTS symptoms (n=162); and 71% had referred at least one PCI patient to a mental health provider for suspected PMTS (n=194). Nearly half of participants scored below 75% on the knowledge assessment (n=132, 48%). Self-reported competencies and barriers to providing trauma-informed care interventions are seen in figures 1 and 2, respectively. Training on trauma-informed care was known to be available to 49% of participating providers (n=135). PMTS specific training was available to only 18% (n=50).</p> <p><b>Conclusion:</b> Participants overwhelmingly recognized PMTS symptoms in PCI patients, the impact of PMTS symptoms on medical care plans and patient wellbeing, and providers’ role in mitigating PMTS. However, PMTS knowledge scores were low and there were widespread deficiencies in key trauma-informed care competencies on self-evaluation. Barriers to providing trauma-informed care were prominent. Few had relevant training available. There is a critical, widespread need to expand healthcare worker knowledge of and access to targeted resources for PMTS mitigation in patients with PCIs.</p>
<p>How does having dementia affect COVID19 infection outcome in older Californians?</p>	<p>There is limited data on the risks, outcome, and mortality for COVID19 infections in people with dementia in California. This study aims to better understand the effects of having dementia on COVID19 infection outcome in California. This is a retrospective case-control analysis of surveillance data from the California Reportable Disease Information Exchange (CalREDIE) of people who tested positive for COVID19 infection from June 2020 to March 2021. People with dementia who test positive for COVID19 infection were more likely to be older and White adults with other comorbidities. People with dementia were at increased risk for severe disease and death as outcomes from COVID19 infection</p>

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