Alumni Update:
Bridget Harrison
MD, MPH 2005

“Remember to wear red to stand out when you give PowerPoint presentations. And make sure your outfit coordinates with the slides.”

This is one of the first lessons that come to mind when I recall the Interdisciplinary MPH seminar. I’d like to think Nap would be proud that I remember it so well. To me, it means that we should use every tool we can to get noticed and to get a point across. Go beyond the lofty ideals, and get down to the business of getting things done. For a big-picture idealist like me, this was sound, pragmatic advice, and I appreciated it.

Beyond the pragmatic foothold, my MPH year also fundamentally changed my perspective on health. I came to Berkeley as a UCSF medical student. Even before medical school, I knew I wanted to pursue a public health degree. Coming from a medical setting had focused me on the effects of medical care on health — often to the exclusion of the bigger picture. My MPH year reminded me that medical care contributes perhaps just 10% to overall health. The rest is everything else.

I’ve tried to bring the pragmatism and bigger picture perspective of my MPH year to the rest of my medical training and practice. I’ve focused on health policy, advocacy, and community health efforts. During my MPH year, I helped physician leaders at UCSF develop the School of Medicine health policy curriculum, in order to expose medical students to health care system issues that affect disease. I pursued family medicine because primary care lends itself naturally to community and public health. In residency, I gave lectures on California health care reform bills, lobbied with California Academy of Family Physicians (CAFP) in Sacramento against MediCal cuts, and helped CAFP develop informational sheets about their districts’ health indicators for state legislators. I also got involved with the Santa Clara Family Health Plan, Santa Clara County’s MediCal HMO, where I still serve on an advisory committee. I spent a month at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care in Washington D.C. There I prepared two “One Pager” articles about Title VII funding, which supports training programs in primary care and underserved areas.

I now work as a family physician in the Santa Clara Valley Health and Hospital System—Santa Clara County’s safety net system. Although my current work is primarily clinical, I’ve found ways to incorporate health policy and community health efforts. Our clinic was the first in the system to become a patient-centered medical home, and we have developed extensive primary and secondary prevention programs for our patients. These include a smoking cessation program, “Get Fit” healthy eating and exercise courses, diabetes and pre-diabetes classes, group visits for patients with high blood pressure, and more. Additionally, we have certified diabetes educators and a health educator on site with whom we collaborate extensively. All our staff members are trained as health coaches for patients. Because mental health is critical to overall health, we also collaborate with a psychiatrist, a psychologist, and two social workers down the hall. We host case conferences for patients with particularly challenging mental health issues.

(continued on page 2)
I also frequently collaborate with Department of Public Health (DPH) nurses on high-risk patients, including those with multiple medical problems, or teen mothers and their children. After I refer them, DPH nurses visit patients’ homes, where they identify and address issues that I don’t uncover in my brief clinic visits. Additionally, our clinic is collaborating with DPH leaders on a pilot program to prevent hospital readmissions of our patients. We are also applying for a grant to train our DPH nurses in the management of patients with multiple complex medical problems so that we can improve our co-management of these patients.

Beyond clinical duties, I try to extend a public health perspective to physicians-in-training as a member of our system’s residency curriculum committee. We’ve redesigned the curriculum to teach residents about the patient-centered medical home and chronic disease management, and we plan to lead residents through a new community health project. I also give presentations to residents on health policy and advocacy.

On a personal level, my wife and I are the happy new mothers of a three-month old. She and I met while playing Ultimate Frisbee, and still find time to play it sometimes with the baby in tow.

From simple pragmatism to a big-picture perspective on health, my MPH year gave me skills that have informed my work as a physician. I hope all is well with my terrific MPH colleagues, professors, and mentors!
Dear Interdisciplinary Students and Alumni,

We hope this message finds you all well. As Nap wrote in the last newsletter, he is now leading the new online MPH program for UCB and thus has left very big shoes for us to fill.

Fortunately, Nap has generously made himself available to guide us during this transition period. Thanks, Nap! We’d like to thank Laura also for her patience while we are learning the ropes.

Part of the transition to new leadership has involved learning from you, the Interdisciplinary Program (IP) family, on ways to improve what has already been a very successful program. In time we’ll share with you the feedback that you provided in the recent online alumni survey, and how it will inform any curricular changes to the IP. For now, we’re excited to share some data on where you all are currently working (see map on page 5). After graduating from Cal, you’ve taken incredible journeys that have landed you literally all over the globe.

One of our goals is to facilitate more connections between IP alumni from around the world. As a start, Laura has developed an Interdisciplinary MPH Program Facebook page. We hope you’d consider joining our online community! To go to our Facebook page, please click here.

As always, please feel free to drop us a line at any time. We love hearing from you! We look forward to seeing many of you at the annual picnic on May 4, 2013 (see page 2 for more information).

Sincerely,

Phuoc
Interim Director
ple@berkeley.edu
Although I was interested in health policy, I wasn’t entirely sure of the direction of my MPH project or my future career path. I was torn between pharmaceutical policy and environmental health, and thought these two areas would be ideal for allowing me combine my background in both chemistry and law. (Before law school I had earned a PhD in chemistry at Caltech and had done research on the molecular basis of antibiotic resistance in E. coli. In my law practice I had specialized in pharmaceutical and biotech patents.)

Then I was introduced to the Berkeley Center for Green Chemistry — an interdisciplinary research and teaching initiative combining chemistry, public health, environmental science and law. Green Chemistry seems to neatly bring together all of my diverse interests. I signed up for their seminar, which brought in speakers from around the country. In October, I heard Dr. Arlene Blum, a chemist and executive director of the Green Science Policy Institute (GSP) here in Berkeley, talk about her work on getting flame retardants out of household products. Her goal is to educate scientists on important policy issues and help them become active in changing policy. When I heard Arlene speak, I realized that she was doing exactly the kind of work I wanted to do in my new career.

The next day I joined Arlene on one of her famous daily hikes in Tilden Park, which she uses to talk out the issues currently on her mind. I told her I wanted to be a volunteer for the Green Science Policy Institute, and I’ve been volunteering there ever since. GSP is also my community partner for my MPH project, a policy analysis of flame-retardants in furniture. And although there is nothing official yet, I have every intention of continuing my work with GSP after I graduate in May.

Going back to school has been as hard as being a single dad, and the vertigo I experience from my health condition keeps me in bed a couple of days per week. I have four daughters: Sloane is a junior at Mission High in San Francisco, Maren and Adrienne are in both away at college and only come home during school breaks, and Auden, my oldest, has already graduated from college and is married. Sloane, the youngest, still lives at home, and she keeps me busy. I keep the house running, buy groceries, make meals, and help her with her homework. I also have two dogs, Forrest and Tyson, and a cat, Remy— what a handful! And in my spare time I sing tenor with the Golden Gate Men’s Chorus.

Being in the Interdisciplinary MPH program has been a wonderful experience. I’ve taken classes that have moved me and helped me grow in unexpected ways, and I’ve learned so much from my accomplished classmates. Best of all, I’ve found my life’s calling at the Green Science Policy Institute. I am so glad I made the decision to come to Berkeley.
I moved to the United States in 2004, a year after I had completed my residency in Community Medicine from JIPMER, Pondicherry, India. While I was trying to decide about my career, I knew I did not want to jump straightaway into another residency program, and I wanted to get a sense of what public health was like in the U.S. I applied to the Interdisciplinary MPH program at Berkeley. I really had no idea what was in store for me, but I was excited when Nap Hosang called me one evening to talk about the program. My MPH year at Berkeley was a whirlwind of classes and seminars that helped lay the foundation for the rest of my life so far. Considering that I was new to the U.S., I was glad to have the “Berkeley experience”—not just in terms of school, but with everything else that Berkeley had to offer.

During my time in the Interdisciplinary Program, my search for an M.P.H. project led me to UCSF’s Osher Center for Integrative Medicine, where I worked with the research staff on a clinical trial of Mindfulness Based Stress Reduction (MBSR) for people newly diagnosed with HIV. The holistic aspect of medicine has always appealed to me, and I was lucky to have the opportunity to continue working at the Osher center after I graduated from the program. I was a research coordinator for a number of NIH funded projects, a job that gave me the chance to put some of those epidemiology and statistical methods that I’d learned to good use.

In 2008, after moving to San Francisco to be closer to my work, I started volunteering at the San Francisco SPCA Community Animal Hospital. Little did I know that this was going to be another significant turning point in my life and career. After a couple years at the Osher Center I realized that unless I got my medical license in the U.S. I would not be able to lead my own research projects. My career was at a crossroads, and my choices were either to get my MD license, pursue a PhD, or do more of what I’d always dreamed of: working with animals. After much deliberation I decided to embark on a whole new career path and applied to Veterinary School at UC Davis. I was never happier than on the day I received my acceptance letter from Davis!

Public health has shown up in several areas of my veterinary education, from predicting disease outbreaks to food safety issues. I was thrilled when I discovered a relatively new movement at UC Davis called the One Health Approach, which aims to integrate human medicine, public health, and animal, environmental and related issues, to deal with global health challenges. I have the privilege of a background in both human medicine and public health, which fits nicely with this approach. The One Health Approach would work well for tackling rabies in developing countries. In summer, 2014, I hope to work in India exploring prevention and control strategies for human and canine rabies.

My dream after graduating from the DVM program is go to back to India to work on animal welfare issues. This has been a long journey, and I come from a country where animal issues have always taken a backseat to human concerns. But this is changing, and I hope to be part of the developments that are happening right now in India!
Current Students:

Atalie Thompson
BS, Candidate for MPH 2013

Just six months ago, I was busy rotating on the wards and finishing up a medical degree at Stanford University Hospital. Although the rigors of clinical training bring their own rewards, I eagerly looked forward to this year of public health study at Berkeley.

The Interdisciplinary MPH program has been even more than I hoped for. From the day I arrived on campus, I have been impressed by Berkeley’s beautiful Zen gardens, bustling and colorful street life, and the opportunities for learning and growing both inside and outside the classroom. My professors and peers continue to stretch my understanding of health on a daily basis. Perhaps the biggest blessing of the Interdisciplinary Program is the opportunity to form new friendships with my peers, who come from a diverse array of backgrounds and life experiences. In no time, I’ve become a committed Cal fan.

I’m also pleased with the flexibility offered by the Interdisciplinary Program. While I have chosen to focus primarily on coursework in epidemiology and biostatistics, there are so many other fascinating courses available. I’m sure I’ll leave with a very broad set of experiences beyond the required breadth courses.

Also, the Interdisciplinary MPH project provides a unique opportunity to apply what we’re learning in the classroom to a real research area or community need. Through my MPH project, I’m partnering with Dr. Susan Ivey at UCB Health Research for Action (HRA) and Dr. John Betjemann at UCSF on a study that explores racial and language disparities in access to surgical treatment for patients with intractable epilepsy. The project dovetails nicely with my interests in neurology and other topics close to my heart, such as health care disparities and issues of access. Dr. Ivey has been an excellent mentor and it’s been fun to work at HRA.

Next year, I hope to continue my research work in public health while I return to medical training and interview for residency. As I move forward in my medical career, I know that the year I spent at Berkeley will continue to inform my view of the human condition and help guide my research and advocacy interests. Wherever I go, I will build on these foundational skills and knowledge of public health to better serve my patients in the social context in which they live. And I will take my year at Cal along with me.
Christine Yeh
MD, MPH 2004

As I reflect on how the Interdisciplinary MPH has shaped my career in medicine, it’s astounding how rapidly a decade has passed. After completing my Interdisciplinary MPH year at Berkeley in 2004, I returned to Tufts University as a third-year medical student, and wondered how I would integrate my public health background into my future career. During public health school, I mainly focused my attention on epidemiology and biostatistics, but it was public health ethics course that really got me thinking like a public health professional and question how our health care resources are allocated.

I decided to pursue a residency in pediatrics and matched into the UCLA CHAT (Community Health and Advocacy Training) Program, which allowed me to gain even more skills in working with underserved communities through legislative advocacy, building partnerships with community organizations, and conducting needs assessments. After completing residency in 2010, I moved back to the Bay Area and continued my work with the underserved at La Clinica de La Raza in Oakland as a general pediatrician. At La Clinica, I worked with a dedicated group of health care providers providing care to a primarily Spanish-speaking population. I also struggled with the complexities of working in a fragmented healthcare system.

In December, 2011, I accepted a position at Kaiser Permanente Oakland Medical Center. At first, I felt a bit guilty for leaving a clinic that was caring for the disadvantaged and underserved. But I found that working at KP has given me the tools and resources to streamline and provide quality care to patients from many diverse backgrounds. With the many changes coming in healthcare, I hope we can extend our systems-based practice to more even populations.

I now split my time between the newborn nursery and the outpatient pediatric clinic where I am also involved in medical education, teaching third-year medical students and pediatric residents. In addition, the Pediatric and Internal Medicine Residency Programs at Kaiser Oakland now offer an MPH track at U.C. Berkeley. Residents in this program will conduct a longitudinal project throughout their residency program (typically for three years) and then spend an additional year with the Interdisciplinary MPH Program. I look forward to working with and mentoring students in the joint Kaiser Oakland Pediatrics/MPH track and partnering with colleagues in the MPH program.

Personally and professionally, I’ve been happily re-establishing myself in the Bay Area. I spend most of my free time enjoying the outdoors, backpacking, camping, and hiking — and I’m getting ready for lots of skiing and snowshoeing this winter!
My Berkeley Experience

As a teenager, I spent one year with my family in Palo Alto, California, and since then I always dreamed of going back to the United States to study and live. After many years in clinical medical practice in Norway, I applied to and was accepted by the Interdisciplinary program at UC Berkeley School of Public Health — and my wish finally came true.

Norway’s health care system is firmly anchored in the Norwegian traditional idea that society is collectively responsible for the welfare of its citizens. The system aims to provide high quality services within acceptable waiting times and in accessible locations. It also reaches out to everyone regardless of their financial situation, social status, age, gender or ethnic background.

As head of a surgical department, I had begun to realize that to provide better health care for a larger patient population, I needed to work on a different level. I switched from clinical practice in a large hospital to a position in the Norwegian Health Directorate. The Directorate of Health has three roles: health care adviser, authority implementing adopted policies, and administrator of health sector statutes and regulations. In its administrative role, the Directorate also serves as an independent and impartial adviser.

At the Directorate, I soon realized that I needed to develop a more systems-thinking, public health approach to health care. I was very fortunate to learn about UC Berkeley and M.P.H. program through my boss, Bjørn Inge Larsen, the Norwegian Health Director, and I was excited when I applied and was accepted to the Interdisciplinary MPH Program.

The MPH program gave me the opportunity to spend a year in California with my family and become part of the Berkeley community. We rented a big house in Albany and our kids settled in very well at Albany Middle School and Albany High. My oldest son was accepted at the University of San Francisco, and my wife was able to pursue her career as a visiting professor at UCSF.

For me, being in a classroom again was quite an experience after so many years working in hospitals. I was thrilled with the other students in the Interdisciplinary Program; each of them had a unique story that set them apart from the ordinary. I felt privileged to be part of a group of such bright and inspiring people. Our weekly seminar was fun and stimulating, and I learned a great deal from my classmates.

During the fall, I took Professor Feeley’s class, which gave me great insights into the differences between the legal systems of the U.S. and Europe. The global economics course I took with Professor Scheffler was inspiring and useful, and provided an excellent overview of different health care systems around the world. Then, in the spring semester I was fortunate to take Dean Shortell’s strategic management class, which truly challenged my views on how health care sectors could be organized. I also took a video and public health course which was fun and made me think in new ways. I also did a project on the Chronic Care model at Kaiser Permanente for an organizational management class. Gaining an understanding of this system has turned out to be very useful for my current work back here in Norway.

Since returning to my job with the Norwegian Directorate, I’ve been implementing a new plan for prevention and early detection of chronic kidney disease in Norway. I’m currently leading this program and have recruited a public health official to work with me. We’re planning an implementation project that will involve primary care physicians and specialists from all over Norway as well as officials from the Directorate.

Providing good health care services for the growing population of chronically ill people in the locations where they live is a major focus for Norway’s new health care reform plan. The goal is to change the system so that people at risk, and patients with early-stage disease, are identified earlier and are cared for by their primary care physicians in their local communities, in close collaboration with specialists. These changes were inspired by Accountable Care Organizations operating now in California, such as Kaiser Permanente.

I’m happy that I’ve been able to influence the decision-making process here with ideas I learned at Cal. And I’m inspiring other people around me to see things from new perspectives.