Alumni Update
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MS, MPH 2009

“Mi mama trabaja con Chikungunya y teléfonos,” my daughter tells her preschool class in Managua. Something like that... it’s hard to explain developing and evaluating mHealth tools for infectious disease surveillance and prevention in a way that 3 ½ year olds can fully understand.

A few months after completing my MPH in 2009, I moved with my husband (who works on agro-ecology and rural development), our crazy Mexican street dog and a few surfboards to Nicaragua to continue the research that I began while at Cal—studying the use and impact of Information and Communication Technologies (ICTs) in public health interventions in the region. Five and a half years later, our dog is still crazy, our quiver of boards has grown by a few, and we are now parents to two small humans who amaze and exhaust us (Amelia Paz, 3½ and Zoe Luna, 1½).

I now work with the Sustainable Sciences Institute (SSI—an NGO originally started by UC Berkeley Professor Eva Harris and Researcher Josefina Coloma), directing our ICTs for Health program -- http://sustainablesciences.org. I also work closely with SSI’s scientific capacity-building program and I help to teach several workshops each year on study design, proposal writing and impact evaluation in public health to local health sciences researchers in Latin America and Africa. Day to day, I help lead projects with the Ministry of Health in Nicaragua, the Pan American Health Organization of the WHO, and other NGOs, supporting the implementation of a wide range of eHealth tools and systems. We are working on things like an early alert Web-based dashboard system for infectious disease surveillance (dengue and Chikungunya most recently), low cost cell phone decision support and patient tracking tools for community health workers, as well as end-to-end nominal level national vaccine registry systems and systems for tracking gender-based inequity issues and domestic violence cases. In addition, I help moderate and coordinate several regional communities of practice and advisory groups who are working to bridge the gap between those that “speak tech” and those that “speak health.” Our aim is to strengthen the eHealth workforce capacity in the Americas and create a new generation of health informaticians who are more fluent in each other’s languages.

How did I end up being a “cultural interpreter” between computer scientists and maternal and child health specialists, speaking at open source software conferences about dengue and diabetes... and re-
posting lessons-learned articles on Latin American tech group email lists from community health worker blogs from Rwanda? I’ve always been drawn to the intersections of worlds where there’s a high potential for both chaos and creativity. As an undergraduate at Reed College I studied the molecular genetics of wild hybrid dolphins to inform species-specific conservation strategies. While doing an MS in International Agricultural Development at UC Davis, I worked on several projects related to zoonotic disease prevention of the fecal pathogens *Giardia* and *Cryptosporidium* in coastal California ecosystems—which involved a LOT of very stinky field sampling! I’ve helped develop a University of California train-the-trainer program for international agricultural extension workers in Egypt and the Middle East. None of these research or teaching areas have much in common except for the undercurrent of social and environmental justice issues and the fact that they all sit at the intersection of multiple disciplines.

In the MPH program at Cal I logically gravitated towards the Interdisciplinary track. There I found exactly the right challenging environment to gain the necessary skills for productive multidisciplinary research in the public health space. Much of my time at Cal felt like drinking from a fire hose, to be honest — trying to absorb and internalize as much as possible in the intense one-year program. In Nap Hosang and Madhavi Dandu I found incredible mentors who helped to ground and direct my interests. In my cohort of fellow students I found an amazing and intense community of creative (and often slightly chaotic) cross-disciplinary thinkers. We bounced around ideas and learned a lot from each other. I remain forever appreciative of those Wednesday afternoon core course seminars where Nap helped us simplify things and get straight to the “so what?” of translating global public health research into meaningful action.

Who knows what my next career jump may be. It seems reasonable given my track record that I’ll find new crazy intersections where I can park for a while. But for now, navigating the political complexities of multi-institutional collaborations in eHealth in Latin American public health systems continues to be pretty fascinating.

All I ever really wanted to was to be a teacher. Even when I was just a little kid I would find just slightly littler kids to teach letters to and boss around. When I got my first teaching job in Highland Park, a neighborhood in northeast Los Angeles, I imagined I would have a long career in education. On my first day, I faced my class of first graders, ready to launch a fun “getting to know you” activity about birthdays. In all my planning and nervous excitement, it had not occurred to me that a room full of five and six year-olds would not even know their own birthdays.

And so began my education as a teacher. Over the years, I came to realize that many of my students’ challenges in school were rooted in things that were happening—and not happening—at home. As teachers, despite dogged work, we grew accustomed to disappointing testing data and evidence of intransigent achievement gaps. I began to develop a set of questions about infancy, early childhood, and early...
intervention that eventually led me to leave teaching and enroll at UC Berkeley’s School of Social Welfare. My goal was to learn as much as I could about infant development, clinical treatment of the parent-child dyad, and the systems that are in place to support families. I hoped I could figure out simple ways to help at-risk and underserved families so that when their kids got to school it wouldn’t be such a struggle.

The MSW program was imperfect but nonetheless life changing. In my second year, I trained at the UCSF Infant-Parent Program at San Francisco General Hospital, where I did psychotherapy with mom-infant dyads, mostly in their own homes. My experience that year totally changed my thinking about kids, parenting, and the role of social services. More than anything, the work both humbled and radicalized me as I saw and also felt the many layers of oppression and exclusion bearing down on the families I worked with. There was a palpable sense that rather than being supportive, systems were somehow aligned against these families. I also came to realize two things. First, I needed a set of systems skills to deal with systems problems. Second, I might not be able to be a clinician. The incremental progress individuals made over the course of time was not going to satisfy me enough to sustain a career.

Because I had already been at Berkeley for two years, it wasn’t too difficult a transition to slide over into Public Health. But I started the program with mixed feelings. As the rest of my graduating class of MSWs was traveling or decompressing in preparation for their cool new jobs, I was taking a summer course in biostatistics – four hours per day, five days a week! But for the most part, the program has been great. I’ve been so thankful for the freedom that it allows us. More than any of our colleagues in other programs, we’ve been able to pick and choose classes that fit our particular professional interests and pursue projects that will be relevant to our work going forward. I’ve taken some great classes (and some so-so ones) and have really developed a new way of thinking about problems and solutions.

The Interdisciplinary Program is also special because – true to its name – members of the class come from a unique mixture of professional backgrounds. Our cohort is pretty dynamic and fun and I’ve learned a lot from my classmates.

Being a parent while in graduate school has been a mixed bag. On the one hand, it’s a lot. I suspect that I’m busy in a way that most of my colleagues are not—with two kids and a husband who need my full engagement in their lives. Sometimes I’ve been envious of the time my classmates seem to have to be social and even to devote to their studying. On the other hand, my kids have forced me to have really clear priorities, excellent time management skills, and a sense of humor. The bad news is I’ve never had a whole weekend to spend on schoolwork—but the good news is I’ve never had to spend a whole weekend on schoolwork.

Graduation is a few weeks away so this is a funny time for reflection. I’m a little bit underwater so this isn’t the easiest time to stop and look around. As we wind to a close, I’m taking an inventory of the skills I’ve developed and starting to think about the future (eek!). I really hope to find work that will allow me to put my energies and my training in education, social work and public health to good use.

**Director’s Corner**

**Dear Interdisciplinary MPH Family,**

It was fantastic to see many of you at our annual Interdisciplinary Program Picnic and BBQ in April. Thank you for sharing your Sunday afternoon with us.

I’m looking forward to congratulating the class of 2015 in a few short weeks when they graduate and transition to exciting next steps in their careers. We wish you all well and please keep in touch!

Phuoc Le ¹04
Director
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I came to Berkeley to learn how to use my experience as an attorney to improve the quality of health care in the United States. As my year in the Interdisciplinary Program comes to a close, I’m looking forward to working with my classmates and all of you to turn the best public health ideas into innovative public policies.

I have been interested in health care, law, and policy since I was a child sitting at the dinner table, listening to stories about how the practice of medicine was changing. My father was a doctor like my grandfather and my great grandfather before him. My grandfather loved being a surgeon and assisted with surgeries until he was 80. My father did not love medicine in quite the same way. He worried about insurance, HMOs, the changing role of hospitals, and most memorably, malpractice lawsuits. This bothered me. I wanted my dad to love being a doctor like my grandfather did. At a young age, I learned that health care was about more than a doctor seeing a patient. It was a system involving patients, doctors, hospitals, insurers, and many others. If you want to improve health care “upstream,” you need to engage with the legal system and the political process.

Following my kitchen-table education, I went to MIT where I studied a science little known in the world of engineers: political science. Then I went to law school at Boston College, where health law and policy was my favorite subject. I wanted to understand health care as a system, how error can be reduced, and how outcomes can be improved.

After graduating, I returned home to Reno, Nevada where I had the privilege of working for three judges as their law clerk. As a law clerk, I worked on cases ranging from prosecutions of violent crimes to disputes about hot tub ownership—a surprisingly contentious area of litigation. During my clerkships, I learned about the day-to-day workings of the legal system, its strengths and its shortcomings.

When I completed my clerkships, I began working for a small litigation firm where I defended companies and individuals against personal injury lawsuits. Then I moved to San Francisco to work on more complex litigation for a larger firm. After practicing law for nearly eight years, I found that general litigation had pulled me away from health care and I wanted to find my way back. Berkeley’s Interdisciplinary Program seemed like the perfect way to do it.

It has been a privilege to be a part of the School of Public Health and the Interdisciplinary Program. The flexibility of the program has allowed me to take courses aligned with my interests in policy and management. The School of Public Health is actively working to develop advocacy and leadership skills in all of its students. After all, an epidemiology study that shows an exposure is causing harm doesn’t do much good if that information isn’t brought to the world of politics and management where something can be done about it.

The School of Public Health has been working to build its Advocacy Initiative this past year (http://sph.berkeley.edu/leadership-development/advocacy-initiative). The Advocacy Initiative is part of the Center for Health Leadership and is supported by the California Endowment. The initiative gives students the opportunity to learn advocacy skills and apply those skills by working with community partners. Last semester, I studied how to advance anti-human trafficking legislation through the California legislature with interdisciplinary classmate Janet Chu, and I worked with Shelter Inc. in Contra Costa County to figure out how to expand permanent supportive housing for homeless people.

In addition to supporting the Advocacy Initiative, Berkeley’s Center for Health Leadership—http://chl.berkeley.edu/-provides programs for students and alumni. So keep an eye out for events and speakers that would support your own professional development. The Center encourages all of us to lead from where we are and emphasizes that positive change can come from people in all levels of an organization. After graduating in May, I look forward to putting those leadership skills to work in our community. If any of you are looking for an advocate to help turn your public health ideas into policies, please get in touch!
Returning to UC Berkeley for my MPH has been both a literal and figurative homecoming. I spent the first twenty-three years of my life in Berkeley and did my undergraduate studies on the UC Berkeley campus. Now, almost every day I see something that sparks a vivid memory from that era. I walk by a Sproul Plaza bench and can recall sitting there with old friends. I drive by my old apartment building and remember cooking the first meal I ever prepared for the woman who became my wife. I pass Kroeber Hall and think about an amazing freshman DeCal course I took there that was all about Tupac Shakur. I sit in the same chair in my Health and Social Behavior breadth class as I did in an Ethnic Studies film class in summer 2002. This all feels a little weird. But then again, it doesn’t. UC Berkeley helped make me who I am today.

During my years away from Berkeley, I had a variety of experiences. After moving to New York City after finishing my undergraduate degree, I attended culinary school, worked in the restaurant industry in catering and nutrition, and with an environmental/food non-profit. Then I changed gears and attended medical school, where I taught cooking classes for my fellow medical students. I moved back to the Bay Area to complete my Internal Medicine residency at Kaiser Permanente in Oakland.

I decided to pursue an MPH after my medical residency and before starting a career in primary care because I wanted to enrich my medical practice with the “big picture” perspective that public health provides. While counseling patients in the clinic about behavioral change, it makes sense to try to understand how our physical, social, political, and food environments shape our health and behaviors. This makes sense because most people spend more than 99% of their lives in their communities and not in a doctor’s office. Understanding the true drivers of health in these communities will help me be a better doctor.

I’m back at UC Berkeley with a renewed sense of purpose and a thirst for exploration. While I used to see students from different fields taking divergent academic paths, students from all kinds of educational backgrounds are now coming together to bolster the public good. Perhaps that’s just the difference between undergraduate and graduate school or maybe it’s because I’m in public health which is by nature interdisciplinary. What I most love about being here is that I get to work on important public health problems with classmates from all sorts of training backgrounds — city planning, public health nutrition, molecular cell biology, law, engineering, medicine, and innovative design. I can’t begin to describe how great it feels to be a part of these multidisciplinary teams—the experience is rich in so many ways.

So far, I’ve learned about program impact evaluation from a former World Bank economist, explored nutrition epidemiology and key issues in public health nutrition, practiced new ways of health communication through social media, web, and video portals, and contributed to Kaiser’s Food for Health blog at https://foodforhealth.kaiserpermanente.org. I’m also learning about the principles and practice of human-centered design in an innovative class called “Eat.Think.Design,” which combines design thinking and public health with the goal of creating innovative solutions to food system challenges. Meanwhile, I’m happily working closely with the members of my Interdisciplinary cohort, each of whom is totally awesome and deserves his or her own newsletter article. My research project focuses on resident physician nutrition education and the creation of a smartphone-based education module on nutrition counseling.

Looking past MPH graduation in May, I’m excited to start my career in primary care. I anticipate a steep learning curve and am eager to build therapeutic relationships with my patients and work as part of their health care team. I hope to keep engaging with the residency training program on nutrition counseling education for resident physicians and maybe start giving cooking classes to residents, co-workers, and patients, too.
Anyone who sees my C.V. will probably think I’ve been on a winding path, and a long one, toward work that I love. I would say that the common threads are health and justice. I studied ethics and literature as an undergraduate and then studied ecology and premedical science before attending osteopathic medical school at Touro University in Vallejo, California. As a resident in internal medicine, I was extremely fortunate to join Kaiser’s residency and the Interdisciplinary MPH program at UC Berkeley where I studied environmental health and justice, and health equity.

Upon graduating from Berkeley, I moved with my son and husband to New Hampshire. I accepted a position as assistant professor of medicine in Primary Care at Dartmouth Medical School, where I could combine research, teaching and clinical care. They gave me some time each week to build my research career. I am applying for grants to study potential solutions to food insecurity, which is associated with many common diseases and very high health care costs. I have two mentors who primarily do research here. Dartmouth is an excellent fit for my research interests because they focus on health care innovations and policy changes. My main goal is to include food security on the agendas of Accountable Care Organizations and to advocate for greater public food benefits. In the future, I may continue the work I began at Berkeley involving food insecurity among immigrants.

Studying at Berkeley taught me to see when a person’s freedom to achieve health is limited by their education, ethnicity, language barriers, poverty, or spatial barriers. Medicine taught me to see individuals. My public health professors taught me to see a person living within a system, and how to improve that system to reach health equity. A year is a very short time to be at Berkeley—so I console myself by reading a syllabus from a class I did not get the chance to take.
More Interdisciplinary Annual Picnic - April 2015

Glenn Jackson, Lauren Eyler ’15, Eric Dang, Sofe’ Mekuria ‘15, Mara Determan ‘16 and husband Bortis Alexeev

Ann Jagger ‘16, husband Dane van Dyk and son Louis

Anke Hemmerling ‘04, Elaine Lee ‘16, Kareem Raad ‘15, Vivan Ojeda ‘15

Megan Joyner, Ryan Joyner ‘15, Kristie Tappan ‘15

Trent Dondero, Nicole Croom ‘16, Kenny Pettersen ‘14