USC MPH: 2016 Explore Public Health

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Paula: Right here you can see our agenda, what we're planning to do, and each speaker ... The way it's going to work each speaker will be presenting for about 10 minutes. I will ask them a question or if you have a question pertinent then we can ask them one question while they're at the podium. I did make all your questions, for those who RSVP'd and submitted a question, I have forwarded those questions to our speakers and I gave them to them so that they can prepare their presentation and tailor it for your questions. At this point we will have some Q&A, more relaxed Q&A, after each presenter, where you can ask some questions here and then at that time hopefully our refreshments are here and we can go to the outside where we ... Each of the speakers will have one of the tables, join one of the tables, and you can ask questions at that time. We're all here now. Let me turn off my phone.

Okay, let's get started with Myra. Myra is a manager at the Center for Community Alliance for Research and Education at City of Hope. Her work at C Care focuses on developing and implementing and community participatory programs and research interventions to reduce the risk and burden of chronic illnesses. She has been recognized for her work by the California Senator Ed Hernandez and received his Women of the Year Health award in 2012. She holds a bachelor's degree in biology from Whittier College and received her master's degree in public health from UCLA and is a certified health education specialist. She is passionate about her work to reduce health disparities and working with underserved communities. Please welcome Myra.

Myra: Thank you guys. How many of you guys know about City of Hope? Show of hands. Pretty good. I usually don't get that much hands going up. Mostly sometimes people think we're an city like city of Commerce or some industry. It would be nice that you get to live in the city of Hope, right? That would be nice. I'm here today to talk to you guys a little bit about my career pathway and what I do at City of Hope.

City of Hope is pretty broad. We're a cancer center but we also treat HIV, diabetes, AIDs and other life threatening conditions. Most of you probably don't know ... How many of you know somebody with diabetes? How many of you for that person know with diabetes has to inject themselves with insulin? Synthetic insulin was discovered at City of Hope. For those of you who are interested in research and advancing technology we're one of the leaders. Most people don't know that synthetic insulin was discovered at City of Hope and we also contributed to DNA, the double helix. There's all that. We're a little hidden gem in Los Angeles. Most of you guys ... USC is a big name, UCLA is a big name, but City of Hope isn't.

I'm here to talk to you a little bit about what you can possibly do in terms of health equity. How many of you have heard the term health equity? Hopefully everybody in

your program, perfect. Why public health? This is a little bit about me. My undergraduate degree is in biology and I was on course for medical school because that's what you do, in high school you go to medical school or you become a teacher or you become a lawyer or you become a nurse. There's not a lot of good information out there about public health. Not even too much about the allied health professions [inaudible 00:04:16] public health. I was going to go to medical school and then I interned at City of Hope and my career path changed because I fell in love with public health.

For me it's the difference between treating the disease and treating the social determinants of health and the individual as a whole. For me medicine treats the disease. You get medicine, you make it better, doesn't matter where you live, doesn't matter how much money you make, they're not looking at that. Public health takes a look at all those things. That's what fascinates me is addressing those social determinants of health and then treating the individual as a whole. That's what attracted me to public health.

Then also in medicine you're treating one person at a time. You possibly could see multiple people, the insurance companies force you to see a lot of people, one patient for every 12 minutes, and that's something I learned in shadowing that I didn't like very much either. In public health you have a larger impact. You potentially can reach thousands and millions of people. For people who find a vaccine, that millions if not billions of people that you could be saving.

At City of Hope the opportunities are endless. I mentioned that we're a hospital and we're a research institute, we're also a graduate school of biological sciences. You can get your PhD in five different biological sciences. Most people think PhDs cost money, PhDs don't cost you any money. If you get accepted into a program, you get a fellowship and it is paid for and you get a salary. City of Hope is one of those. If any of you are interested in a PhD after your [inaudible 00:05:48] in biological sciences, please take a look at us as well. There's the options in research at our institution and those are endless and it could be from ... We're considered as a dry lab around that because we're not [inaudible 00:06:02], we're not using the centrifuge, we're a dry lab, we're out in the community and we're doing population sciences. We're working with masses.

Then there's also in health education, another thing that I do, and community benefit. How many of you guys have heard the term community benefit before in terms of hospitals? I'm sure you've heard community benefit. Every nonprofit hospital, it used to be in California, now because of the Affordable Care Act every nonprofit hospital in the United States has to do community benefit. We're saving millions and millions of dollars by being tax exempt, we're nonprofit. The government says, "Great, we don't have to put in an FQHC." Everybody knows FQHC? Do I have to define? Fairly qualified health center, free clinic in your area. We don't have to put up a free clinic in your area because you should do that job and give that money back to the community. There's no minimum amount that hospitals are meant to spend but they're trying to pass that in the legislature during this election. That's community benefit, anything

that you do that goes towards the community that benefits the community and not the hospital.

There's also communications, there's that option. We do marketing, we do communications, we just launched our Latino campaign targeting Latino consumers and it's the miracle of science with soul. How many of you guys have seen those billboards, miracle of science with soul, on the freeway? That's our new campaign. Not a huge fan of it but what can I do? I'm not in marketing. That's another option and the reason I'm not a big fan is because I'm a public health person, I'm a public health professional, I'm not a marketing professional. We need more public health professionals in marketing and communications and that's where the opportunities lie as well.

There's also philanthropy because we're a nonprofit hospital. There's the opportunity to raise money, to do events. In those ones you do get to shake hands and rub elbows with celebrities and famous people, politicians, very rich donors. I don't get that. I get a few of the celebrities, when they tour I have to talk to them about what we do in the community, but if that's something you like, if you're a people person, you like public relations, but you still have a fascination with public health, that's an opportunity there as well because we have a lot of people with MPH's and a lot of people in health administration who go into our philanthropy and our development department.

There's also education, like I mentioned, we have the graduate school. A lot of you asked is there opportunity to be professors and yes there is. My boss is a professor. In order to become a principal investigator at City of Hope when you do research, your title is professor. That is a professorship. Some of our great PIs also have adjunct faculty at Claremont, at USC, at different universities. There's that opportunity as well.

Then there's hospital administration for those of you who are doing an MPH in hospital administration, we have that opportunity as well. We have paid fellowships in those, one year paid fellowships. I know we couldn't have the fellowships speaker today, if you guys want more information for that we can talk about it during the roundtables. Those opportunities are there as well.

I'm going to talk to you guys a little bit about what I do, caring community, community was in the name. 50 bucks for whoever remember what CCARE stands for. I didn't think so. I'm pretty sure I'm keeping my 50 bucks. Center of Community Alliance for Research and Education, the key word there is community, that's what we do work with and it's all about health equity. I'm going to go through these slides quickly I just want you to know these numbers because they matter.

This is the population of California, we all know that they're the most populous state in the nation. LA County would be the ninth largest state if it was a state because of the fact that we're 10 million strong. When I tell people my catchment area ... Do I need to define catchment area? That means our service area, that's catchment. I'm LA County, Orange County, Riverside County, San Bernadino County and Ventura County, I cover five counties, I have 17 million people that we're responsible for. I have to do

outreach into all those counties. I drive from [inaudible 00:10:23] Valley to Coachella.

This is a little breakdown, here's a little breakdown in terms of race and ethnicity, the percentage of Latinos from my catchment area, the percentage of Asian and percentage of African Americans, because that's our target population because we do health disparities research, health equity research focusing on the most underserved populations and it tends to be ethnic minority.

Here's a little bit about language. 57% of the residents here don't speak English at home, they speak another language. Here's one about poverty. San Bernadino County and LA County have the highest rates of poverty. Here's poverty and ethnicity, African Americans and Latinos tend to have higher rates of poverty. Here's obesity, now we have higher rates of ... The similarities between these too. You guys see that?

Wanted to give you a little background. I'm here talking about all chronic diseases, not just cancer, even though we are a cancer center. Cancer is the number one killer of Latinos and Asian Americans in California. How many new cases of cancer are expected? Our community is one of the most populous, we're having higher rates of cancer, diabetes and other disease, we're highly diverse in ethnicity, language, religion, income level, we have high rates of poverty and obesity. We're getting much older, the older people get the higher the rates of cancer are going to be, and we suffer from environmental [inaudible 00:12:01] as well.

This is what we do at CCARE, we meet with the community in a symbiotic relationship, that means it's a give and take, we leverage our strengths to co-educate and exchange knowledge and wisdom. We're the community liaisons between City of Hope and the community. Our three priorities are education, screening and prevention research, and then community capacity building. We train our community partners on different areas and I'll cover a few of those.

These are some pictures of some of the different things that we do. Everything we do is translated into Spanish and Chinese because those are the top populations. We have over 180 community partners covering 315 zip codes. In the last year did over 50 community events reaching over 10,000 households. These are the number of screenings we've done in the last year, we offer free mammograms, free paps, free prostate cancer and colon cancer, and that's through the FIT test not colonoscopies.

This is a little bit about what we work in. I have a hand in everything. I know one of the questions, is an MPH too general? The answer for me is no. There's not a day that goes by that I don't use something that I learned in school every single day. I get to share that knowledge as well. The fact that ... I'm lucky in that sense that I get to work in a job that incorporates all these things. I have to do communication, I've had to create materials and do videos and all that, I've had to do public policy, I'm going to be presenting at our city council to pass tobacco ... No smoking on outdoor patios with a group of our teams that we train. It's a great position that I'm in and I love it because I get to do all these things.

For me, MPH is not too broad. Even though mine is focused in community health sciences and health education and health promotion, I also do my own stats. That's fun, right? We do research, I get to do SPSS. All those people who don't think you have to remember bio stats because you didn't do health education, not true. You got to be good at bio stats. It's helpful. If I ever go somewhere I can do your data analysis, that makes me marketable. I can write you a grant, that makes me super marketable. You cannot just save people money but make them money. Saving money is number one and making money is number two in terms of marketing ability, especially in public health.

Here's an example of one of our community programs. We go into the community and teach people about healthy lifestyles. 75% in my last group reduced their BMI and 66% reduced their A1C level. It's nice to be able to see ... These are people who didn't have diabetes, these are people who have pre-diabetes and had a couple who had diabetes but weren't diagnosed until they came into our program. That's one of the programs that we do. We also train, like I mentioned, our teens. We have a a teen nutritional council and we're working with San Gabriel High School training their medical careers academy so that they can implement changes and be peer health educators in those communities. We do that as well.

We do research. Most of our research is on survivorship and its population science-based. We have one where we're doing survivorship care planning, emotional well-being of cervical and breast cancer survivors, we do one where we're trying to increase minority participation in research. We develop materials, this is a book that I've worked on since I was an intern and finally came to fruition. This is a book that we developed, it's over 150 pages that we use for our breast cancer survivors. We're in the process of translating it into Chinese.

I'm going to flip through these because I'm out of time. This is a video that we did. When I told you you have to do communication, I shot this video with a budget of $0, it's doable, not easy but doable. We increased recruitment into trials, conferences, trainings. We at CCARE take on all levels, undergraduate all the way to doctoral level. I hire interns in the summer throughout the year, we have health educators at the bachelor's level, health education and research, health informatics and management-level supervisory for the master's level and then post-docs and principal investigators and adjunct faculty professors at the doctoral level.

I'm going to end with this. I know I'm a little bit out but the pros, I get to help people every single day. When it's hard one of the cons is I work nights and weekend, community is not 9:00 to 5:00. Next week I booked myself from 9:00 AM in Santa Monica to 9:00 PM in Crenshaw, which is going to be about a 15-hour day. It doesn't look good on the front end, at the end of the day when everybody is grateful for what you did it pays off.

When I have to wake up on a Saturday morning or a Sunday morning, super hard, I tell my husband tell me not to go to work, please. No, you have to. Then at the end of the

day I'm glad I did because people are like, "If it wasn't for you I wouldn't have gotten this mammogram. If it wasn't for you I wouldn't have known to apply for medic health." You get this immediate gratification, this reward, because you're helping the people who are the most underserved and those people are super grateful when you help them because they wouldn't have had that help any other way. You get that immediate reward.

I get to come up with ideas and implement them, that is one of the greatest things about my job. I thought let's train teams and now we're training teams. I came up with the video and now we're using the video to recruit minorities. It's a great place to see your idea come to fruition. That's pretty amazing and it's rewarding because of that.

Like I said, the cons are the long work weeks and your salary is not exactly reflective of how many hours you put in. My boss recently told me, "If I determine your hourly wage it's probably less than minimum wage."

I said, "Yeah, you don't want to remind me of that." It's true. I put in long weeks but I think for me the pros definitely outweigh the cons. If you guys have any questions this is the staff, feel free and we can talk about that later. Thank you.

Paula: I will ask a question so it's a little bit interactive and break up things. I've known Myra for a long time, I'm not going to age myself. It is completely and honestly truthful when she says we will be meeting in Lancaster at 6:00 in the morning and rushing to see a West Hollywood cervical cancer movie in the afternoon.

Myra: A red carpet.

Paula: Red carpet, yes. These are activities that we've had the opportunity to experience as public health officials and professionals. The question I have for Myra is, and there's microphones on the table so you can answer from your seat, what kind of experiences or skills would you encourage our first year, second year students who may be interested in doing this type of work to go out and seek these opportunities?

Myra: The first thing I ask when I interview interns or new positions is their experience in the community. It doesn't have to be work. Most of the stuff that I hear is volunteer work. Have you worked with the underserved populations? Are you from an underserved population? Sometimes it's the fact that you grew up in Boyle Heights, down the street, which I did. That's the first thing because the people who tend to take on these jobs are people who tend to come from those communities themselves. That's where I grew up, I grew up here in Boyle Heights, [inaudible 00:20:09], I grew up ... English is not my first language, Spanish is my first language, because my parents were undocumented immigrants.

It gives you a different sense of ... You can relate to the population differently when you have that experience. That's my first question is what is your experience in the community? If you can get that experience and this is something that you want to do, go volunteer, get that experience. That is going to make, in terms of what I look for,

you a much better candidate in my eyes if you have that experience.

Paula: Thank you. Going to move to the next presenter we have today, Rachel Day. Rachel Day is a regional recruiter here in Los Angeles and we met at the UPS career fair last year and she also attended our career fair this year. I want to say thank you for all your participation and helping our Trojan family. She served as a Peace Corps volunteer in Cape Verde from 2010 to 2012, and she graduated with a bachelor's degree in English and Art from James Madison University in southern Virginia and worked in office administration in Washington, DC, before pursuing her dream of servicing in the Peace Corps. Rachel served as a TEFL teacher on the volcanic island of Fogo, one of the southernmost islands in Cape Verde's archipe- Okay, I'm going to move on to the next one. English is also not my first language. Her primary assignment was teaching English to children age 12 to 15 in her rural community. In addition to teaching, Rachel co-managed a leadership camp for young girls around the island where top scoring students met with professional women for discussing sexual health and complexities of gender roles. Everyone, please welcome Rachel Day.

Rachel: Hi everyone, thanks for coming out tonight. How many of you, out of curiosity, have heard of Peace Corps before? How many of you are wondering why Peace Corps is here for this? I see some half hands. Okay, you've got a few, thank you. This is a different organization for what you all are learning about tonight.

Peace Corps is a volunteer organization. We send volunteers abroad for a full term of 27 months, that's two years that you're committing to another country. We're currently in 63 countries. We just signed a contract with Vietnam, so maybe by the time if any of you apply there will be 64.

I don't have personally a background in public health. As Paula mentioned, my background is in English and studio art. I served on the island of Fogo in Cape Verde. Had anyone heard of Cape Verde before she mentioned it? It's one of the unique countries in the world that people don't know exists at the moment but it's a very small archipelago off the coast of Senegal in West Africa. My day to day in my service was essentially waking up Monday through Friday, teaching English from about 7:00 AM to noon and then I had the rest of my time to do whatever I'd like to do, in Peace Corps we call those secondary projects.

As mentioned, one of my larger projects was a summer camp, which is the second one listed here, called Estrellas de Fogo, that's the only project that I did that had a health emphasis. I'll tell you a little bit about that before going through some of the specs of Peace Corps. For this project, even though I was a TEFL volunteer, there was a lot that went into this. I was doing grant writing, I was doing fundraising, I was going door to door and doing event planning with people within the community. There was a lot that went into this, it was about a year's worth of preparation.

The premise of this project was that what I found as an educator in this country is that two salient issues existed. One, there wasn't any emphasis on creative thinking in the classroom, it wasn't part of the school structure within Cape Verde. Two, considering

that there was also a gender discrepancy. A lot of the female students, not only were they not being asked what they wanted to be after school like any student wasn't but they weren't receiving sessions on safe sex practices or how to determine whether or not you're in an abusive relationship and how to get out of it if you are and things like that. Students in this country were expected to start families of their own when they were 16 or 17 and that was the expected route for their lives.

For this project it was a six-day, five-night camp that I worked on with other volunteers on the island. We brought in female Cape Verdean professionals, whether they were nurses or artists or entrepreneurs or business women, and we had them give sessions on these things. There was a lot of collaboration within the communities. One of the most important things about Peace Corps is that we work at the grassroots level. The reason that I'm highlighting this briefly is to show that no matter what sector you serve in, if this is something that you pursue, if you do pursue the health sector there is a lot of autonomy involved in that. You can make whatever projects you're interested in doing within your community to address the needs that you're identifying with community members. That can be within public health, that can be within anything that you identify within the community. That's a little bit of background on me.

What is Peace Corps? First of all it's free, that's something that you should know. I finished my MPA at Price School here at USC, I am very familiar with the burden of debt. It's something to keep in mind. I know that this is not the job ... Maybe you are right now thinking I need salary, I need money right now. This is a volunteer opportunity but one of the notable aspects of it is that while with other volunteer opportunities you might have to pay for airfare or sometimes they have a stipend you have to put towards your living expenses, absolutely everything is covered in Peace Corps from airfare to month to month stipend.

We set aside money in a bank account for you for each month of service that you complete so that by the end of service you have $8,800 that we give you, you can do whatever you want with that realistically. Most volunteers choose to travel and spend most of that by the time they get back to the States, but if you do want to make a dent in student loans or come back and have a few months' rent that's what that can go towards.

Another one of the more important parts about Peace Corps service is that from the very start it's grassroots. We only serve in countries that have requested Peace Corps volunteers and the volunteers there serve in the capacity that's been requested of them. If you are going abroad as a health volunteer you can rest assured that from the onset the community that you're serving in has requested someone with your exact skill set and background to help with the issues that they've identified within their community, and for that reason it is very collaborative.

If I'm trying to speak a little bit to the practical benefits of this, I know that you're all finishing up a rigorous MPH degree here at USC, you're thinking employability, how do I utilize this and leverage this, this is if you're considering anything in the field of

international development, whether that is a health focus or otherwise. This is one of the few organizations that you can work for in the United States that gives you that experience and the autonomy to build whatever you want of it. It is a huge resume boost.

We have volunteers ... I'll show you a slide momentarily with some of the current openings that we have so you can see the variety that we have. We have people working in public health, we have people working in maternal child care or HIV/AIDS prevention or malaria prevention and things along those lines. To be able to show that you've worked and thrived in a community abroad, that's ultimately the catch-22 of international development work, everybody wants to see that you have experience so where do you start with that? This is an in road to accomplish that.

It is a very diverse program both in terms of what we offer as well as the volunteer base that we send abroad. We have volunteers ranging right now from about 19, 20-year-old to our oldest volunteer is currently in her 80s, age wise there's a lot of variety there. This is something that we celebrate as an agency. We like to represent everything from racial backgrounds to sexuality to geography, where you grew up and how you identify as an individual. Two of the three goals that we've had since 1961, when Peace Corps started, which [inaudible 00:29:09] are about that cross-cultural exchange. We want to highlight that diversity and celebrate that and show other countries that America is not just action movies and we're not hanging out with President Obama every day, which I was asked multiple times in my service. One of my friends convinced his seventh graders that he dated Rihanna for a few years and they believed him. It can be a little bit fun in that way too.

It is a highly professional experience. I know that it's volunteer work and that can seem a little bit daunting or seem a little bit ... Not quite sure what you're getting into. It is volunteer work with the federal government and there are some amazing benefits that come with that. I'll get into that in a moment.

Health in Peace Corps, I wanted to show you a list. These are programs that are open right now and currently accepting applications. This is not an exhaustive list. Our programs operate in quarters, every three months we have positions that close and new ones that open. These are the ones that correspond to our next deadline, which is coming up in a few days on October 1. You'll see here that there's a lot of variety. We have people working within health extension, maternal and child health, I had one of my colleagues served in Peru doing that, he was helping prevent malnutrition for children of young mothers in the community who had not been taught any of these things at the school. We have volunteers who are specializing in HIV/AIDS prevention, malaria prevention, we also have volunteers working in food security and water sanitation. This all fits under that health umbrella. There's a lot of variety. I know this is a lot of text, I apologize for that, but I wanted to show you the diversity that currently exists so you can keep an eye out for what you might be interested in.

This is one of my favorite maps, this shows you two things. This shows you collectively between these two colors every single country that Peace Corps has served in since

the organization started in 1961. The countries in light blueish purple are the ones that were former Peace Corps countries that we no longer send volunteers to. The darker color is where we currently serve. You can see ... It's important here to note the breadth and the scope of influence that Peace Corps volunteers have had on the world for the past 55-plus years since the organization started in 1961.

Does anyone know who started Peace Corps? John F. Kennedy. Yes, he started it, it was one of the first things he did as president. He first mentioned Peace Corps as an idea on his presidential campaign in October of 1960, and signed the executive order that started Peace Corps in March of 1961, which means he created this agency in less time than it currently takes to go through the application process. We sent volunteers abroad later that year to Ghana, that was the first country that we went to, which is still a [inaudible 00:31:58] Peace Corps host.

I wanted to have a list of countries that are currently accepting applications for health. This is not exhaustive, this is not a list of every single Peace Corps country that is currently open, it is also not a list of all of the countries that accept health volunteers, these are the ones that are currently open right now. I counted it earlier but I forgot, you can see different countries open at the moment.

Probably the important slide, what are the benefits? You are volunteering in Peace Corps, that is true, and you are not making a lot of money. The amount that you make from month to month varies because cost of living in all 63 of our countries varies. The idea for Peace Corps is that you're making approximately what a teacher's salary is, that's how you can think about it. You're living at that same level as people within the community. The importance there is that our model is based on integration and collaboration and in order to gain that trust and be able to work with people collaboratively you show through language acquisition and through living in the same manner that you're part of the community and you earn that trust.

You do get loan deferment, this is something that is up to loan providers. The one thing, if any of you are thinking about looking into this to note, is that you want to contact your loan provider to confirm that they will defer both the principal and the interest. Sometimes they try to get a little bit sneaky and make it so that you're accruing interest for those 27 months, you want to avoid that if possible.

Something that's worth noting, has anyone in here heard of PSLF? That's the Public Service Loan Forgiveness program and that is a program that President Obama set up within the past few years that says for all student loans, if you work for the federal government, for the next 10 years or 120 qualifying payments, you make the minimum income-based payment that you can on that loan, and then whatever remains after 10 years is forgiven in its entirety. The notable thing about that with Peace Corps is that 27 months volunteering with Peace Corps counts as 27 qualifying payments of $0 towards the Public Service Loan Forgiveness program, which means you're not paying anything for two years and three months, your loans are deferred so there's nothing accruing, and then when you get back you have less than eight years of this program if you end up working for the federal government that you make

minimum income-based payments and then everything is wiped out after that. If you do have more substantial loans and you think even if you have seven or eight years you're not going to pay those off, this is definitely something to look into.

I mentioned this before because it is such an important part of Peace Corps service, but it is completely free. We cover airfare and that includes airfare within the country. Say, for example, you're serving in Fiji and you're doing one of the programs there, you're not leaving from your home of record to go to Fiji, you're flying to get together with every other volunteer going to that country, to meet each other, to talk about expectations, this includes hotels, this includes per diem, this is the airfare there and then you fly together to country. Any training events within the country where you're mandated to get together and continue doing sessions, that's covered. You get the monthly stipend, you get the amount that goes into the savings account I mentioned that you get at the end for about $8,800. The only thing that you would possibly have to pay for in Peace Corps is if you choose to travel. Frankly you probably will because living in an interesting part of the world means that you suddenly have easy access to other interesting parts of the world. Many people do end up traveling.

This is an opportunity, if I were to narrow this down to one thesis statement ... Some of you are probably wondering, why would I do Peace Corps right now? It's an opportunity to give some real world context and experience to your career, to your personal life. I can say that from my service I became a better sister, I became a better daughter, I became a better friend because I gave myself a few years to breathe and have space and try a few different things and figure out what I wanted to do and figure out what I was good at and try a little bit of everything.

I was 100% convinced when I left, even though I was leaving Cape Verde, I thought I was going to the Art Institute of Chicago, no questions, 100%. I applied to that program, I applied to a few other programs, it wasn't until I left Cape Verde and my students and the projects that I was doing that I realized how much I had loved doing international development work and that was definitively what I wanted to do with my life. I turned down acceptance to other grad programs, I applied here at USC, got into Price School, that was the only school that I applied to and I finished up in May.

If you were to look at that common thread between return volunteers, as many as you talk to, the similarity that you're going to find ... We do totally different things. I have a friend who used the grad school benefit ... I included that, I know you're in grad school, you're probably not looking to do that again any time soon but there are lifelong benefits to that. I have a friend who just finished up her law degree at University of Michigan Law free of charge because she did Peace Corps service. We do many different things with it but the common thread that you find is that having this space to try different things and be introspective and reflect on what you do want to give back to the world and how you want to do that, it makes you a better version of yourself. I know that's very general and you'll probably find that many return volunteers say that and they've done different things with it, but whatever you're interested in doing this is a good opportunity to move forward with it.

Quickly, I don't want to take up too much more time, but has anyone heard of NCE? Non-competitive eligibility, it's a federal employment benefit for one year following your service. It means that you have priority status for any federal job. I did a quick search of this yesterday. If you go on usajobs.gov right now, it currently reports 3,644 public health jobs within 22 federal agencies that are open to people who have priority status. If you don't have priority status that goes down to 1,781 jobs that are open to the public. If you are interested in any federal job this status is your foot in the door for that. This is exactly what you would use for Public Service Loan Forgiveness as well. There's more going on here but that's the important part of it.

Requirements, you have to be an American citizen, at least 18. Beyond that we're looking at what you studied, your academic background. Having an MPH from USC is going to be cutting edge for your application as well as any hands on experience. Then there's softer skills like leadership, being a self-starter.

I'm going to leave you with this, because I think I'm going over, I'm a talker when I get into it, but some of the websites that you should check out if this is something you are interested in. The opportunity portal is the number one resource for you because this will show you details about every single country we're in and the programs, this will show you the application deadlines, departure date, how to qualify, language requirements, living conditions, whether or not you're with a host family, everything you could possibly need to know about that. The application is at peacecorps.gov/apply and then any events coming up on campuses or in the community you can find on the events page. Take a quick shot of that or write that down and thank you very much for having me.

Paula: Thank you so much. Wanted to ask because I didn't ask the speakers before, can we share these our online website? Yeah, fantastic, great. [inaudible 00:39:30] with the video. One question that I do have, I don't think I formally introduced myself. My name is Paula Amezola and I am the career services for our MPH program here. One of the things that I get so many questions asked from our global health track is how do I get experience if I'm here going to school? How do I get experience globally if I'm here going to school? I wanted to see if there's anything that Rachel knows about in the summer or a quick winter break that maybe the students could get some of that experience globally so when they do apply to do global work that they have something under their belt in case they don't want to do two years.

Rachel: I don't know of anything shorter term that offers short-term programs. We do have through Peace Corps something called Peace Corps Response, this is something speaking to now's not the time, maybe you're ready to use this degree and get into the job market. Peace Corps Response is a short-term high impact program that ranges from six months to a year. It is much more specialized, it is something that you need to either have done the traditional 27 month program to qualify to or, if you haven't done Peace Corps, you need to have at least probably 10 years of professional experience. That doesn't help you, that's the only short-term program that we offer.

I would say in terms of global experience, while it might not be directly relevant to the health field, any study abroad experience you can do, I don't know how many of you are graduating soon and maybe have missed the bullet on that. Do a quick Google search, there are so many programs that offer that right now and there are charges, which is one of the unfortunate sides to most of these traveling experiences, which sets Peace Corps apart. Yeah, for shorter term I don't know of any that I can recommend off hand, unfortunately.

Paula: Thank you. Our next speaker is Martha Arguello. This is the first time I met Martha, but it was surprising to me because people that I know her. It was interesting there was one degree of separation between Martha and I, and I appreciated that. I briefly want to introduce Martha.

For almost 40 years, Martha has been involved in social, health and environmental justice movements in Los Angeles. She joined PSR LA in 1998, to launch their environmental health program and became executive director in November 2007. She is a leader in California's environmental health and justice movement and has expertise in environmental health and has worked on policy issues related to climate change, pesticide and toxic chemicals. She serves as a chair of the steering committees for Californians for Pesticide Reform and Californians for Healthy and Green Economy. She is part of Southwest Los Angeles Building Healthy Communities and co-founded the Los Angeles County Asthma Coalition and the Coalition for Environmental Health and Justice. In 2006 and 2013, she was appointed to the California Air Resource Board's Global Warming Environmental Justice Advisory Committee and Martha is deeply committed to addressing the social determinants of health and promoting a culture of health and justice to protect low income communities of color. Please help me welcome Martha Arguello.

Martha: I don't have an MPH but I should, I'd probably have a PhD if I were to take my last 30 years of public health experience all together. I'm going to give you a little bit of my background and then I'll talk to you about why I ended up at PSR LA. Very early on, I was about 15, I started doing community organizing. It was a transformational experience to be part of youth leadership development in the 1970s in Los Angeles. It was Black Panthers and Brown Berets who came to my school after a police shooting to start organizing. I understood at 15 and 16 that gun violence is a public health issue. I went on to organize around gangs and understood that gangs and violence were a public health issue.

Then I went on in college to work with a number of very famous MPHs at UCLA and was mentored by one of your professors, Lourdes Baezconde-Garbanati, and we were very young and we were working at UCLA at the ... We helped co-found the Center for the Study of Latino Health. We were working at one of the first centers that was looking at Latino mental health issues in the 80s. At that time there was no scholarship. Collecting data, collecting articles and reading them, creating a bibliography and one of the first databases that you guys ... Old school database, imagine 1980s before the internet. We created a database of articles around Latino

mental health issues and I call that my first year of public health. I read hundreds of articles on Latino mental health issues. I was fascinated by them and kept working in the field of public health.

In 1986, I left school and went to work in Nicaragua. I went to visit Nicaragua and ended up staying, finding a job there, working in the public health department. I got to work and see firsthand and help evaluate some of the first mass public health campaigns. We were able to eradicate polio, we did massive vaccinations, we reduced illiteracy from 75% to 17%, and that was done between 1979 and 1985, and by 86, because of the US war, a lot of that advances had started to unravel. I got to be on the ground floor with physicians and MPHs and I had a background in political science as part of a team that developed participatory methods for doing community health planning. A massive campaign to develop the country's health plan and my job was to develop the methodology. We got to work with folks who worked with Salvador [inaudible 00:46:34] public health department in Chile.

That experiment in Nicaragua was my second year of public health school where we did radical things, concepts that are now very basic to public health, community health promotion, combining health education and organizing, those were pioneered in Nicaragua in those years. That was my second year of public health school.

I came back and like most good public health people in California I ended up working on the first major [inaudible 00:47:06] corporate campaign that was run out of the health department. Does anyone know what that was? Prop 99, cigarette tax. Think about what we did in California when we passed a tax on cigarettes. The power of the tobacco industry is only rivaled by the people I fight now, which is the oil industry. We managed to pass a tax by a health department.

We had the head of chronic disease stand in front of us ... It was a bidders conference where you go bid on a conference. If you want to climb up on a billboard and cover up a tobacco billboard, we'll fund you, just make sure you have insurance. If you want to go do a sting operation where you get underage kids to buy tobacco and report that agency and tape it and film it, we had little secret cameras. Nothing will get high school students excited like the idea of we're going to go on a sting operation. We were the first to develop those concepts around sting operations with Lourdes going, "Go girl, just go do it."

We brought all these radical ideas that I learned in Nicaragua, we brought them here to public health. We were some of the first people taking those concepts of going to community and talking to the impacted community and saying, "How do we deliver health education message to you that will work?" We did stuff like that, it was truly exciting.

I worked in tobacco, then worked in AIDS. We followed the disease of the week with the body part of the week. That's how we do health care, we don't have a comprehensive approach. I worked on things like breast cancer early detection and that's what ended up bringing me to Physicians for Social Responsibility. We were able

to create a program that got low income women support for breast cancer services, which was the BCEDP program, which I believe is still getting some funds. That's how I met the folks at City of Hope, we did some of the very first ... This is the 1990s.

Back then there was not a single support group in 1996 in Spanish in Los Angeles for breast cancer survivors. We were able to fund some of the first work through that program. Basic public health practice, deliver services in the language of the people who need them. We funded some of the first African American women with breast cancer support groups, some of the first Armenian women support groups. Those did not exist. That program helped bring those services.

Part of my job was as a health education director and I would work the phones once a week. I was becoming increasingly concerned that younger and younger women were calling our office and trying to figure out how to get breast cancer services. When you were under 40, it's hard to get a mammography even if you had a lump. You were told don't worry, you're too young.

The moment that changed for me were two moments. I picked up the phone day and I'm talking to a woman and she sounds familiar. It turns out it was somebody I went to elementary school with, we're the same age and she had a very aggressive breast cancer. We got her into services and that got me to looking at what were some of the causes of breast cancer. A few weeks later I happened to be at a lecture learning about chemical trespass. There's 80,000 chemicals in the environment, many of them end up in our bodies, and I was listening to [inaudible 00:50:42] who this is her body of work and has written some great books about how these chemicals end up in our bodies. I thought that doesn't seem right.

In many ways I had lost the activism of when I was in my early 20s, when I was an undergrad at UCLA, [inaudible 00:50:59] law school admissions offices. Always very radical, always looking for ways to change systems. It's wonderful to treat someone and you get an instant gratification when you help someone ... I would call it the needle stick work in public health, which is wonderful and important, but for me when I say radical I wanted to go to root causes. I ended up at Physicians for Social Responsibility because the model of the organization was prevent what we can't cure. To me at that time I was looking for ways to move upstream when we're talking about cancer.

If we're putting ... We're the number five user of pesticides in the country, we're putting out hundreds of pounds of carcinogens into the environment and yet we expect to prevent cancer. All the major cancer organizations were like, "Environment's not that big of a deal, just eat right and exercise and make sure that your family ... You don't have a family history." It discounted the role of the environment and that seemed to me something that we wanted to change.

I came to the organization itself was founded on the concept of public health, that you do not cure disease in your clinic, that sometimes it's important to step outside of the clinical role and step out of the clinic and use that powerful voice that health

professionals have. The very first actions that our doctors did were they got the dentists to collect children's baby teeth because [inaudible 00:52:31] 90, which is a breakdown of a nuclei ... Got that wrong but I'll move on because I got to go, got to finish. They ended up in the deciduous teeth of babies. If you run a tooth to a mass spectrometer, a baby's tooth, you can figure out a range of exposure. Right now, not far from here, at [inaudible 00:52:52] ... How many of you are familiar with the [inaudible 00:52:54] facility? Two minutes.

We developed this public health campaign that we're calling the tooth fairy project where we're working with dentists and community groups to start collecting children's baby teeth because that will tell you their lead exposure over a lifetime. That's how we work, we take science, policy and we advocate.

I'll give you a great example, two of your students are here that are part of our PSR ambassador program where we train health professionals, nurses, physicians and MPHs, and Danielle and Albert came to a meeting a couple weeks ago with a former senator who is now on the board of the California Air Resources board. We had an in-depth policy walk in the weeds, which I find exciting, conversation about where we're going around environmental justice and climate justice. He remembered that conversation, he mentioned it to me when I saw him in Sacramento.

The result of that conversation, what we talked about, that cap and trade may not be reducing enough emissions in low income communities of color and that's why we need to lower them because that's where more people are being impacted by air quality. We saw the impact of that meeting in the proposal that he made and we saw the impact of that meeting from my testimony that was around this issue of [inaudible 00:54:19], which is also a concept of public health, that we were able to move three of the board members that we've normally never been able to move with this strong public health message.

That's the essence of what Physicians for Social Responsibility does, science, policy, advocacy and amplify that health voice. We work on climate justice issues, we work on pesticide issues, we work with over 175 groups in the central valley that are trying to address the issue of pesticides, and it's not easy because we're up against some of the most powerful industries in the country. If you think of the way that tobacco functioned to keep people smoking, that's the same thing that the oil companies do and the chemical companies do. We see our organization as speaking truth to power and combining the voice of physicians with community.

We have deep and enduring partnerships with community organizations and we're part of a movement. When I say we're part of a movement is that this is not a job. For me this is ... I've been part of a social justice movement since I was 15, and we often talk about Martin Luther King's quote, "The arc of history is long but bends towards justice." We see our role at Physicians for Social Responsibility as bending that arc toward health justice.

I didn't get to talk about the many roles for MPHs. I do want to say a few things ...

We've often tried to hire MPHs and it's been difficult. It's been difficult because we end up finding graduates who may have the skills, they'll know how to use everything, they know their bio stats, they're great at communicating, but they come to an organization ... If you look at our website you can tell. We are a social justice organization. They come to our organization without a real analysis of race and class and structural racism. Those are important. The concepts you're learning around social determinants of health, there's things behind that.

Even the term environmental justice, the real term is environmental racism but somehow that's not polite to say that we make very racist unjust dehumanizing decisions around the environment. We realize that sometimes we push the envelope but because we stand always firmly on the science and what it allows, we use [inaudible 00:56:50] we use bio stats, we use ... If I got a graduate student right now [inaudible 00:56:56] health risk assessment there is so much work within the environmental justice community right now as consultants to be able to do health impact assessments. We're hiring a public health person to help us do a public health analysis of the air quality management plan which has never been done. The air district tells us that they're going to improve health but then you look at it, there's no way for you to do that. We needed somebody with strong bio stats and analytics skills to do that analysis for us.

I'm going to stop there and I know you have a question, but we are a public health organization that believes in moving upstream and we do that with public health [inaudible 00:57:34].

Paula: Thank you so much. My question for Martha is what kind of experiences ... I apologize to the students if this is not a question from students but I thought it's important to figure out how can students get this environmental justice health disparity racial discrimination and gaps in health experience here while going to grad school and still trying to get their class work done but also work in this impoverished communities that perhaps are not going to pay them and it has to be volunteer?

Martha: You've got some of the most effective and some of the biggest environmental justice organizations in southern California. We're working on a big campaign to stop oil drilling in neighborhoods, because they drill oil next to where people live, and those communities could use folks with public health background because I'm the one who gets the call ... Do you know what this chemical is? Do you know what this is? I get calls all the time. There's lots of organizations that you can work with, Communities for a Better Environment, [inaudible 00:59:06] Beautiful, Esperanza Community Housing Corporation, that combines housing ... There's lots of things. You can certainly call us to find out about where those opportunities are.

When you are in a place like Los Angeles there are so many places to go and learn and understand the history of social justice movements and understand that language matters. Disadvantaged communities ... I've had MPHs apply that says they want to work with the downtrodden. Yeah, right? She's looking at me ... For you in public health be careful about language and who the audience is that you're applying for

internships or jobs because somebody who calls us downtrodden I can't send to Jordan Downs, I can't send to a housing project because I'm afraid of what they might say. Getting the language and now there's so many resources for you to get the language about social justice.

Paula: What would be a practical step for them to get in these community organizations? I'm sorry, a follow up.

Martha: Sure. I will say that's a good question because we struggle sometimes. I've been [inaudible 01:00:23] for seven years and now we're six staff, when I started we were two people. Being an ED is hard. Sometimes I can't even do a work plan for an intern. I think calling the organization, being proactive about figuring out what they need and not making them figure out is important because sometimes these organizations are small, they're 250-300, maybe the largest [inaudible 01:00:50] group is $1 million budget. That means that people are doing two and three jobs. Having some creativity, knowing the issues and being willing to do the [inaudible 01:01:01] work.

Danielle: Can I answer that? Me and Albert became health ambassadors for PSR LA last year. They teach you ... They give you a whole day of training on how to be a [inaudible 01:01:13] ambassador, work in air and climate justice and nuclear weapons. We've become affiliated with [inaudible 01:01:21] Sacramento, I've done a couple different activities with PSR. That's one way that students can get involved and get some experience if you're interested in some of these issues.

Martha: The training program, webinars, we're starting the whole process of [inaudible 01:01:38] interested.

Paula: Fantastic.

Martha: At no cost.

Paula: Fantastic. We're going to get an email, right?

Martha: Yes.

Paula: Thank you. Also PSR LA was a participant of our career fair. We want to say thank you so much for being here and coming today again. I want to introduce first the last panelist and that is Rodney. I love his email and I'm going to read it. It says, "I can't wait to find the next batch of talented researchers for my team." I thought, wow, that's an amazing line that I want to share with all of you because our speakers here they're giving up their time and talk to you and network but also it's an opportunity for you to think about these are potential employers for you. Let me briefly introduce his bio to you.

He got a bachelor's degree in biology from UCI and a master's degree here from USC from the global medicine program. He has been with Doctor Evidence for four years and is currently serving as associate director of clinical operations and data integrity.

In this role, Rodney oversees all aspects involving data configuration and quality assurance practices among various teams analyzing published peer reviewed clinical trials. This data serves as a foundation for analysis that stakeholders within the healthcare field use to guide the methods patients receive care and interventions they receive. Everyone, please welcome Rodney Asad. [crosstalk 01:03:25] Please tell us your name correctly.

Rodney: You said it right, it's Rodney Asad. How do I switch over to ... While we're doing this can we thank Paula because this is a great night? I think I speak on behalf of all of us, we come because of the work people like Paula do to reach out to us and come and make sure that ... You guys are MPH, you guys are grad students, all of us at one point or another were grad students, we know ... If you guys are second years I know the stress that you're under right now. I know you're thinking graduation is in May, I don't have a job yet, I don't have a career yet. What am I going to tell my parents? I think guiding you to the next step comes when people like Paula reach out to us and have us come and share experiences and give you our story and also recruit you a little bit for our team. Do I need this?

Paula: He likes to walk.

Rodney: Okay. [crosstalk 01:04:31] Okay, it's loud. Let me start ... Let me tell you a little bit about Doctor ... Before that I want to get a background on what evidence is and how we use it. One thing that we believe in Doctor Evidence, and I hope that you all believe ... I hope you guys would agree with is all of us every single day make evidence-based decisions. If I went up to one of you and said, "I want to know where to find the best tacos around USC." I know you guys won't use Yelp because you already know, but if you're not from here you'd probably go on Yelp. If you were going to buy a product online you check the Amazon reviews. There might be a few silly ones but most of them are going to be pretty good. That's a statement that we can all agree with but I think there's another one we should all consider as well. It's that we all use evidence to make decisions every single day except when it comes to our health. This is a key underlying issue that Doctor Evidence hopes to address.

Before we go into what this means let's try to define some parameters. What is evidence? At least what is it in the healthcare context? When we talk about evidence in company we talk about published peer reviewed clinical trials. All of you guys, especially in the [inaudible 01:06:04] track, you read a lot of clinical papers every single day. A lot of that information provides a lot of good insight into intervention regimens, how to treat certain patient populations using certain treatments. What are the best alternative treatments for certain subgroups of those patients? Evidence for us is the data that's found in those published peer reviewed trials.

The bigger question is, how can we use that evidence? How can we use evidence in those trials? Thousands of trials that are published every single year, how can we use it to optimize healthcare delivery? How can we use it to inform the shared decision making that happens in patient and doctor relationships? Lastly, how can we maximize treatment benefits while reducing unnecessary risks? Part of this is also

cost. How can we reduce unnecessary cost for patients or for the healthcare system as a whole? This is where Doctor Evidence comes in.

We use the evidence found in published peer reviewed clinical trials to build data sets with all the data that's found in those trials. We may have a client who's maybe a pharmaceutical company or a device manufacturer, more commonly we might have a clinical guideline developer who's looking to revamp or bolster or negate existing clinical guidelines that physicians and their network should follow.

I pulled an example from one of our clients, for confidentiality I can't say who they are, but we have a clinical guideline developer who came to us and said, "We're looking to revamp our clinical guidelines related to treating hypotension." They gave us a patient population, the interventions, the comparators and the outcomes, and then a few study-level variables that we needed to screen for. We call that [inaudible 01:08:04], I'm sure some of you are familiar with that. We did a literature review. We had a team of medical librarians on staff who went through Medline, Pub Med and M Base, all the common literature sources, they pulled every single published study that fit all of those parameters and then they put it in a library for our client.

Historically when we talk about pre-big data that would have been it for this clinical guideline group. They would have had a team of doctors come together, read those papers and maybe weigh in and give their judgments on what they believe overarching consensus of the body of literature to be. We live in 2016, we can go a little bit more.

What Doctor Evidence did is we digitized the data that was found in that literature search. We had 144 studies that came back. Let me show you guys an example of what we do. This is one study that we had in this data set. If you look at table two, we have information on the standing and supine blood pressure measures for patients who are taking two different interventions. It was a treatment comparison between ... I'm going to mispronounce this, forgive me, but [inaudible 01:09:25]. The specific focus for this client was class versus class comparison.

We took information in a static pdf document and we digitized it, we put it in a digital format. What this allows us to do is query and analyze the information infinite many ways. This is not analyzable, this is I either have to remember all of the data and try to run regressions in my head or put it in an Excel document, but this I can do a lot with. What are some of the things that we can do if I digitize a whole library of studies on a specific topic like treating hypertensions, comparing different classes of anti-hypertensives?

On a very broad level, as a researcher, somebody with a research motive, I can do a landscape analysis and I can see what are the outcomes measured across the body of literature. What I can do with this information is see what are the gaps in the research literature today. If I pulled all the studies available for this specific clinical topic I can see the gaps and maybe conduct a study that addresses these gaps. I pulled some variables, we have age, we have male and history of myocardial [inaudible 01:10:50].

If you can imagine, what if we were pulling other things like subgroup populations based on race, ethnicity? What about patients who live in different socioeconomic areas? We can see what are the gaps based on those parameters and target the research community to go after that data, after that missing data.

What else can we do with this? I know all the bio stats, people got very excited, we can do meta analyses. We can do direct and indirect meta analyses in our software. This is a sample meta I ran, my methods are a little bit dirty, don't critique me, I know this is being recorded. I ran a simple direct meta on comparing calcium channel blockers against ACE inhibitors. I was pretty loose with my patient selection criteria. This is an example of an evidence statement that you would get with our platform. It would pull all of the studies that have the parameters that I selected for my meta. I did this in a total of probably 30 seconds. In my meta I found five studies examining 1300 patients and my outcome of interest was mortality at all costs, total deaths across the body of literature. Intervention here is calcium channel blockers, my relative risk was 41.5% more likely to die under calcium channel blockers. Pretty significant.

I know were being recorded tonight so I did my due diligence and I put the absolute risk because I didn't want to have any angry emails. My relative risk, obviously there's a proportional bias, but with my absolute risk you can see a 0.2% difference. Over a median follow up of 2.33 years, there was probably zero patients. These are the types of evidence statements that you can produce, these are the types of outputs and deliverables that we can produce from our system. This was literally 30 seconds of work a couple of minutes ago. Imagine having access to a database like this with all the data digitized ready to analyze, ready to pull.

This is why we see Doctor Evidence as the engine of this evidence based medicine movement. This is something that can be used in a patient-doctor [inaudible 01:13:12], this is something that commercial industry manufacturers can use to guide the development of new interventions or guide the research regarding existing interventions. This is how we can help regulatory bodies, like the FDA or clinical guideline developers, make smarter evidence based clinical guidelines. The goal of clinical guidelines are to get to a point where you have living guidelines, something that isn't static to how fast you can publish a systematic review but something that can be automatically generated as soon as a study is published.

This is the capability of our system, this is what we do as a company. The reason why I'm excited, the reason why we came here, and I have a couple of people I want to introduce in the back, is because we are excited about reaching USC MPH graduates for a lot of reasons, but they're all evidence based I guarantee you. I'm tipping my cards a little bit because I want you to know this. The three main qualities I look for when we hire our staff is somebody who has a strong background in research methodology, they're competent in knowing clinical concepts and, like my other panelist said, they have to be familiar with bio stats. Bio stats is the consistent theme of all of our careers. Bio stats is important.

This is what we find from USC graduates from the MPH school, we find people who have all three. USC should be in the middle of that circle. I know that because, and I told Paula this story, this is how we met. When we came to the career fair last spring we hired somebody on the spot because we were able to assess all of these things and we knew they were a great fit. This is why I'm excited to be here.

I know you guys are graduate students, you're worried about May coming up, maybe you're even worried about now. I want to tell you all of the positions that we have available right now. If you came to our office on the Third Street Promenade all of these desks are vacant and they're waiting for you guys to fill them. I'm going to run through a couple of them.

Our entry level position is the evidence analyst, this is the best place for somebody who's coming out of this program to start. This is going to be a great introduction to our methodology, our technology and our team. This is going to be the best place for you to get a springboard into your career in evidence based medicine.

From there we have a team of data integrity analysts, we don't just extract data. Even though we have a lot of smart people we vet the data at least three times before a patient or a doctor or any client ever sees it. The data is absolutely 100% clean because they have to make decisions based off of it. The team that reviews all of the quality, they do our quality assurance.

We have a team of methodologists. For somebody who has a little bit of industry experience, they can start as a methodology lead. They have the reins of the analytical aspect of each of our projects. For MPH graduates maybe you don't have that industry experience, especially if you start right after grad school. We'll give you that experience, you can come in through the evidence analyst track, we can move you through a methodology associate position and from there you'll get the experience within ... We call it D-R-E or DRE, you can get it within DRE and move into methodology lead position after that.

Last but not least we have our bio statistician positions. Bio stats is important. This is a new position. We're looking for people who can take our deliverables and make them rigid from a bio stats perspective. They work in close parallel with our methodology associates and our evidence analyst team.

You can see at the heart of that is you guys, USC MPH students, right now. These are the positions that we think you guys could fill one day very soon. That's a little bit about our company. I'm still thinking about the debate last night. That's a little bit about our company. I want to give a very short introduction of ... We had a few people who braved the trek from Santa Monica, I want to introduce them. I have a couple of team members here, we have E. E, do you want to raise your hand? E and Chang, who are graduates from the MPH program. Chang gives me a thumbs up. We have Angelica, Angelica is one of our clinical team leads, she supervises our evidence analyst teams. Part of the networking event I want you guys to meet me but I want

you guys to meet them because they are the ones who are doing this work, they will give you a very good on the ground perspective of what we do. That is it.

Paula: Thank you. I'm out of questions but does anybody have a question that they would like to ask? I was hoping to do one question for Doctor Evidence and then we can go outside and get some food, some of us might be starving. I'm going to ask each of the presenters to please sit at one of the tables that are going to be clear out there. Please, the reason we organize it this way is so that each track is represented here. I invited many more other speakers but these are the speakers that are here today and we have some with global health, environmental health, bio stats [inaudible 01:19:22] and then some health communication and health promotion with City of Hope. Unless you don't have any other questions I would like to please give a big round of applause to our speakers. I wanted to say I'm ... This is the best ever. We'll transition to the lobby area where we can find some food and some drinks. Thank you.

[End of recorded material]