



USC Master of Public Health
Alumni Career Panel

Side 1: Public Health Careers, Date: November 2, 2017

Paula: So I'm very grateful today talking about alumni and alumni paths, and I am going to introduce you to who they are, but first this is our agenda for today. Hopefully everybody got food and refreshments that are here in person. We also have the online students who will be giving us questions from time to time. Janet will tell us the questions that they type into Adobe Connect. How many students do we have online?

Janet: One and growing.

Paula: One and growing, fantastic. I think this is our speaker, our last panelist, hold on a second. Okay, so we will have—this is our welcome and introduction.

Slide 2:

We will have the panelists come up. They will sit on these chairs and have some questions that we have prepared from our students. I have the questions for you so don't worry, if you want them handed out. The questions are student questions. These are questions that I have compiled over my almost 3 years of being here, so these are important questions because this is what our students are thinking and these are their fears. These are the things that they are curious about, so I encourage you to answer some of those questions for them. In addition, at the end, we will have some more questions from the audience, maybe something that was not answered that you could answer for them. For the panelists, please repeat the question from the audience. That way our online students can hear and also it could help the other students that are here in the back. At the end, we have a few minutes that if any student wants to ask a one-on-one question, it could be done during that time.

Slide 3:

Okay, without further ado, let's introduce our panelists. Alicia is one of our alumni here. She and I actually got to work together and we sat next to each other, and it was really neat to see her growing. I think we did all of the advising sessions, resume, cover letter, and a mock interview, so that was really neat to see her grow into that professional development and acquire her position where she is at, which is the USC Eye Institute, and she is a project specialist there. She is a 2015 alumni.

Slide 4:

We then have Kathy Tran, which I think she just parked, and she is working with AltaMed. She has an interesting story, and her story is that she was looking for a job and developed a relationship with Dr. Alex Chen from AltaMed, and he said, 'I'm so busy. Can you please screen some students for me and send me the names?' She was one of the students that I got to again review the resume, cover letter, and go through a mock interview and send her as a referral from me, and she is still there.

Slide 5:



We have Weiyu. Weiyu and I actually did not get to meet until I was doing outreach in the community. As I mentioned, I work with employers, so what I do is maybe once a year or twice a year I go into public health events and I network with potential public health organizations. That is how I got to meet her, and I'm so grateful that she is here today.

Slide 6:

Lily Campbell, I actually did meet Lily. She was one of our—we just did the resume, right? Oh, we did a mock interview, too. Fantastic. I reintroduced you Kathy, thank you for joining us. No, you're not late. Then—I'm sorry—but I really apologize that I didn't put your picture here.

Slide 7:

This is Bret, so Bret actually and I have not had an opportunity to meet until today, and I'm looking forward hearing about his experiences at the county. I think it is an important aspect to learn from that very important public health organization, so here we have a representation—a pretty good sector. We have healthcare, health insurance. We have academia, nonprofit, city of West Hollywood and the county. I think this is an amazing experience for you all to have joined, because this is representing pretty much all of the sectors that our public health students go into and work, except the private sector. We don't have a pharma a student here, but anyhow, that is a sector that is not here represented, but it is a small portion of our students that go into that sector.

Slide 8:

What I would like to do now is invite our panelists to come to the seat upfront, and I have the questions for you that our students were interested in. Fantastic, here you go. Anybody else need copies? Okay, so if anybody wants to start, that would be great. I want to do test for the back. Before we start with the panel, Dr. Rohrbach, would you like to add something to our introduction?

Dr. Rohrbach: Um, no, I just want to thank our alumnus for coming tonight. It is great to see you guys again, and I look forward to hearing what you have to say about what it's like to be out there in the real world.

Paula: Let's give a hand to our panelists here. We do have sound. Can we say something to see if we have sound?

Alicia: Sure, can you hear me in the back? Yeah, great.

Kathy: Are we going down the line? Hello, can you hear me?

Weiyu: Testing, testing.

Paula: She needs a mic. And if you can't hear someone, just ask them to pass a microphone. Okay, unfortunately a handheld microphone is not here today, so we will improvise. Okay, so anybody want to start our conversation today?



Alicia: Hello, thank you for being here. I know it is kind of later in the evening. The food is great, thank you Paula and everyone else. My name is Alicia, or “Alisha,” however you would like to pronounce it. Fair warning, I currently work as a project specialist on population health research studies [8:11-8:20 no sound] because I know that’s always kind of, you know, how do we get a job in public health when it seems almost impossible at times, so I actually started here in the program.

I started working as a student worker. I was in the global health leadership track, so it was kind of interesting how I ended up working in epidemiology study that I absolutely love. I was working as a student worker with actually Dr. Heather Wipfli on global tobacco policy, and through Dr. Wipfli I ended up working part-time with a Tobacco Center of Regulatory Science that is here on the third floor of Soto, so I worked there part-time doing some various project managing of website development and things that they needed, which was great because at that time it also led me to networking around the department which led me to another part-time job, so I was working two part-time jobs to make a full-time job after I graduated. I was really struggling trying to find something in global health, especially in Los Angeles when a lot of global health jobs are either in New York or overseas. I wanted to stay local. I was just recently engaged, what was to come last year so I was planning a wedding. I didn’t really have a lot of those kind of jet set jobs that I could obtain.

I was working two part-time jobs here, which is how I got to know Paula. I was working next to her in the clinical translational science Institute team, and so she was actually the one who really helped me gain the position I have. I actually found out the position through another colleague working here, so my background is the way I take my job is all through networking. It really was just about knowing people, talking with people, having them know the work I to do, and then saying, ‘Hey, this position is open. You might be a great fit,’ and that’s when I spoke with Paula and she was able to go over my resume, because this was more of a research oriented position she was able to help me design my resume to make it more research oriented, which is awesome. We did a mock interview together, which is also terrifying because you have to watch yourself give an interview and it is so creditworthy and awkward but it is so worth it.

I ended up in my position where I am now where I do a lot of project managing, so I make sure that the clinic where we give out free eye exams to our participants, make sure they have all of the supplies and everything that they need in order to run and manage efficiently. I also coordinate a lot of the recruitment for the participants in our study. We do recruit about 5000-6000 people to be a part of our study, so it is a big undertaking. That takes up most about my time.

We also have had other past population studies among Chinese-Americans and Latinos, and so we are doing a lot of analysis on that work now, so I do project management of that analysis, so I do always put a plug in, even as a global health student, it is really great to know your epi, so if you can manage to get in more of those epi classes just because it does make your skills that much more transferable.



That is a little bit about my background and about how to get kind of like an entry-level into research. It is just being a part of the organization at ground level as a student. Some of you have seen me do a lot of the groundwork and it is not glamorous. You are just building binders for hours on end, and it will drive you crazy, but it definitely has given me the opportunity to be where I am now which is being part of such a large population health study and really helping out to those that need free health and eye exams, so I feel very grateful for that.

Some of your other questions—what is the disadvantage when getting an MPH versus an MS because the degree is so broad? I do work with other MSers. I am one of the few MPH people in our study, but I have to say that because I am much more person oriented that I think an MPH is a great fit for me because I am able to do some of the science but also go out and understand some of the social determinants that people have in obtaining healthcare, so that can help us understand if they can be part of our study, what advantages that they might have been part of our study in developing more studies going forward. But, you know, there are also pros to getting a Master's of Science. Those that have a Master's of Science on my research team, they do need more of the study design, which is also kind of very exciting to watch and hopefully I can be more a part of that later on.

Let's see, when looking for jobs, what were some good websites? I did use LinkedIn a little bit, but mostly, like I said, my job search and experience has always been by word-of-mouth, so just really making sure that you put your best foot forward at every opportunity and always be grateful for the job that you have, trying to stay humble and not above it. You know, with my Masters degree, I was working a temporary part-time job and it sounded awful, but a year later I was able to get this full-time position that I love, so I would say stay humble and try to avoid finding the glamour and everything. All right, I think that's my time. I hope I didn't talk too much.

Kathy: All right, hello, can everyone hear me? My name is Kathy Tran. My role, as stated earlier, is clinical quality analyst, and I work for Ultimate Health Services. Before I continue, I kind of want to get a gauge of who is in the audience. Is anyone interested in quality improvement? If so, I can talk more about it. If not, I will bypass. I see if you hands. I'm not offended at all, don't worry. We can connect off-line later and I would be more than happy to talk to you about that, but I want to spend the rest of the time talking about myself—oh my God, that sounded so conceited when I just said that out loud—but I will talk about my background. I will talk about Ultimate as a company, because I think it is kind of important to kind of connect that idea of, you know, where you work for is really important in terms of what you want to do, and then I will spend some time talking about, or addressing, some of these questions, more like what did I do to prepare, and some of my best advice and maybe I can impart some wisdom on your futures.

First, a little bit about myself. I graduated in May 2016, which seems like forever ago, but it is really only about a-year-and-a-half. Since then, I have worked at Ultimate Health



Services, which is the largest FQHC in the nation. What is really great about Ultimate is that we have over 50 sites and we provide medical care, dental care, senior care services, and we also have urgent care facilities and specialty HIV primary care needs, so we service a lot of the low income population and we also are pair agnostic, meaning we don't care about which insurer you have, if you even have the ability to pay, we will provide the care you need, so really proud to say I work in an organization that kind of bridges that gap and we definitely do our best to serve the underserved as needed.

My role is, I guess officially, clinical quality analyst, but I'd like to think of my role as more of an internal consultant because I don't just do analytics. I do a lot more than that. The way our company is structured in the way of our quality department is structured is that it is assigned by a region to each analyst, so I am responsible for about 8 of our clinics in the LA County area, and what I do is I help manage and support their quality performance. Before I even get into quality performances, what does that mean? What do I mean when I say I help manage that? It basically means that there is a set of measures we are held accountable for, and we try to measure our population's health outcomes. For example, how many patients got a breast cancer screening in the last 2 years? How many of our patients got a colorectal cancer screening or Pap smear? We try to measure it in that type of way.

My role is to communicate effectively with all of my internal stakeholders. As I said earlier I have 8 assigned clinics so that means I have to work with their management teams constantly, right, because quality is not just a one-person thing, it is really a team-based effort, so it is really important to kind of get everyone, including frontline staff, involved, so I not only work with management teams but I go out to my clinic sites and I work with front office staff, meaning the people you see that check you and come back office staff like MAs and LPNs, and also working with doctors or other practitioners and seeing how we can bridge the gap for those patients.

We work on a variety of types of projects. Some of the things that we have done recently were we reimplemented a technology kind of-based point-of-care reminder, so a lot of times, you know, doctors will see a patient but they don't remember all the time that the patient is due for a mammogram, and the way that we try to integrate something that is a little bit more, I guess, high-tech and automated if you will is that we integrated a point-of-care reminder tool which pops up on their computer, and it kind of tells them, 'Hey, this patient meets all of the basic criteria. She is at minimum 50 years old. She hasn't had one done in the past 2 years. She should be getting a mammogram done today.' That is kind of how we have tried to bridge that gap in order to make sure that we consistently provide the care they need, because there are times that doctors in all honesty just forget, and that happens, so we are trying to minimize the number of errors or the number of people we let walk out of our doors without the services they need.

That is just about my role, so I want to move on to, if I remember correctly some of the questions about resources, so like Alicia I also went to Paula, and Paula was a really big help to me, and what Alicia says about that whole interview thing is so true. It is so



hurtful to watch. It is so creditworthy, but you really do reap a lot of benefits from doing that. When I was preparing for my interview at Ultimate, I went to Paula. We did a whole mock interview thing, and she replace it and she stops it at certain parts and tells you, what was that about? Can you talk about that further, or you should have said this instead, so it is really helpful to get that feedback that you wouldn't have done otherwise because, let's be real, we are not going to do that at home and practice with ourselves. It is really helpful to have someone in person that is going to hold you accountable to that.

I did that with Paula, and sure enough when I had my interview with Ultimate they actually asked me almost all of the questions that Paula asked me, or made comments that Paula made as well, so it was really helpful. I just made that connection. I was like, wow, if I didn't go to Paula I would have went in the way I was before and never would have known how to address some of these questions are never would have known what I was saying wasn't the right thing to say, so I think that was really one of the biggest things that I could say that I attribute to the fact that I got this job was because of Paula.

Another resource or I guess advice, this goes hand-in-hand, is I think socializing with your peers is probably one of the best things you can do well you are here. It is free networking. I never think of it as networking because that has a very selfish connotation to it, but I think that just getting to know a lot of the people that were in my track that were eventually going to be working in the same realm I was going to be working in was really helpful. I also found out about this job through a colleague, someone that started at the same time as I did but graduated a semester early, and he emailed us the listing, or the job listing, several months earlier than it was posted. He let us know, 'Hey, this is something I think you guys would be good at. Give it a try. Let me know if you want to move forward.' He was like, 'I can put in a good word for you,' so that was very helpful. He honestly put me on a list of maybe 10 other people, and had I not known him he wouldn't have sent me that job listing, and he wouldn't have put in a good word for me and all that other good stuff. I think that was really helpful.

Some of the other resources, I think really it is just doing your due diligence. It really has to do with taking the time to prepare, making sure you really know what the company you are applying for is about. I think a lot of people just walk in thinking, 'Oh well, I'll just give it a shot. Let's see what happens.' No, you should prepare like it is an exam. The exam that is going to determine the rest of your life. It is really important to go in there prepared because it is obvious to managers, directors when you have come in prepared. They know it and they can sense it.

With that being said, those are all of the resources, but I think some of the best advice I can give you is that while you are here, not only socialize, but make sure that you get as many hard skills as possible. What I mean by that is technical skills. Although I am in quality and I don't use any type of, I guess, advanced technical languages like SQL or SASS, I wish I could go back and learn it in all honesty because pretty much anything with analytics might require that you're going to have to have no SASS or SQL, at minimum Excel, and by minimum Excel I mean Lookup, pivot tables and all that good



stuff, so you have to be able to know the technical languages because that is where healthcare is moving. We are moving toward database decisions. We're not going to do things just because, so you have to know how to extract that information, and how to manipulate that information. That is very important. While you are here, even if you earned part of biostats or epi, I would highly advise, if you can, take the class. Just learn some extra technical knowledge. Like Alicia said, it is better for you and it doesn't hurt you in any which way, so it only makes you that much more versatile. I think my time is up.

Weiyu: Hi, good afternoon. My name is Weiyu Zhang. I am the health program educator at Asian Americans Advancing Justice Los Angeles [23:30-23:42 no sound] nonprofit sector here, so my experience is going to be a little bit different, and I wish I had utilized those resources, career advice and mock practice interviews, when I was in school.

I sort of found this position via [23:52-58 no sound] MPH, and I found that internship through connections that Professor Mellissa Withers had, so she knew—so it is all through class. I attended her class and I was like, 'Dr. Weathers do you have any research projects I could work on?', and so she knew that I was interested in women's health, so she led me to one of the organizations she was working with called the Center for Pacific Asian Families (CPAF), so it is a domestic violence and sexual assault survivor service agency. She connected me to an internship there. I interned there for 8 months, and with that internship I heard about my current job position. That is how I was connected to my current job. I didn't really go through a tedious job searching process because I knew more with clarity what I want to do after graduating, because I was interested in the intersection of policy law and health, so I specifically looked for an organization that was focused on all of those aspects.

What I am doing right now is also not directly linked to what I learned in school, but I will go into it in later work. I kind of like to do those zoom-in views, if you can follow me. A little bit about background to the organization itself, Asian Americans Advancing Justice LA, so it is one of the national—5 national affiliates—and the other four are in Washington DC, San Francisco, Chicago, and I believe Atlanta. We are one of the 5 national affiliates, but we are situated here in LA. We have a satellite office in Sacramento and Orange County.

We are in downtown LA, so we are a civil rights/human rights organization. We are a nonprofit, nonpartisan organization so we serve—our target population is the Asian American, Pacific Islander, native Hawaiian—this whole diverse population, but we also serve a lot of other communities of color like Latinos, black, African-Americans and Native Americans.

We are, as a larger legal aid organization, we actually do a range of services from immigration including DACA (Deferred Action for Childhood Arrivals). We do citizenship. We do family law and domestic violence services. We also do like worker's rights and just, you know, any issues that may affect low-income populations here in Los Angeles.



That is sort of like a larger background, and we also do impact litigation, so that is also a way to address larger social structural issues with tort law.

At our organization, there are close to 100 staff here in LA, but my team is called the Health Access Project (HAP), so HAP is actually something 7 people on our team, so right now we have 7 full-time staff and one intern which is usually an intern from either undergraduate or an MPH or MSW Student.

The Health Access Project is—we do a lot of work, one thing I want to mention is this vertical structure of my team. On the top layer we do policy advocacy, so at the national level, state, local level and county level. At the state level, we convene with a network called the Health Justice Network, so it is close to 60 CBOs and health clinics that are all across the state of California, so again the target population is AHPI population, but we also donate services to other communities of color, and the program areas we work on—so the bulk of our work is actually focused on facilitating the implementation of the ACA, you know facilitating effective health reform, but we also work on areas such as oral health, behavioral health (by definition a sort of combination of mental health and substance use), and we also to help with language rights. Because our network is a multiethnic, multilingual network we serve a range of diverse populations, and we seek to serve these populations with culturally and linguistically competent services. That is the top layer of policy advocacy.

And the middle layer is coalition and capacity building, so by working with some of these modern CBOs and health clinics we help them with train them. We develop local leadership and local grassroots—just enhance the capacity of local grassroots organizations. That is a network we convene.

Statewide, our team is also a participant in a lot of the other coalitions, for instance CPAN (the Californian Pan-Ethnic Health Network). Yeah, and then on the bottom layer is the work that we do in terms of our outreach, education, and enrollment. Like I said, we work to improve the implementation of the ACA, so we do a lot of outreach and education, talking directly with community members. We want to empower them as well in advocacy, especially this year there is a lot of debate on the national level on protecting our healthcare. We do enrollment. That is a lot of the work that we do in-house as well as our network does.

That is the vertical structure, and where I am at is my primary role is out of the 7-people team is to direct services. I actually talked to community members on a daily basis one on one. I go off site and I work at two of the public libraries in LA County. I primarily serve the Chinese population because of my own language capacity. My team has also a capacity of Japanese, Spanish, yes, but as an organization we have the capacity in a lot of the Asian-Pacific Islander languages.

I also work on the behavioral health project that we just started this year. I'm looking at the time. This year, to give you a little bit of background, we've been interviewing sort of like to give you an idea of who we work with besides CBOs and nonprofit organizations,



so we work—for the policy advocacy part, we work with County governments. We work with DPSs for the most part and also DPH and DMH as well. We work with state government organizations [inaudible] California, DHCS, Healthcare Services, mental health care and we also—so that is our policy work. We also work with provider groups, so like in terms of—but mostly like advocating for health consumers, so we advocate for our clients to work with provider groups. For the behavioral health project we have been interviewing these API mental health/behavioral health providers in LA County. That is also one of the projects that I am personally working on right now.

So, yeah, we do a lot of work on a lot of different levels, and you are welcome to read about us on our website. What I liked about the role or our team is that I think we really seek to understand what is happening on the ground to be able to inform our policy work, and we do make sure that whatever policy changes that are happening are being translated and that message is being transmitted to the communities that we interact with daily, so I like that structure because I think there are a lot of disconnections—our healthcare system is very fragmented. A lot of parties are not talking together, so I think as a team we do make sure that we are hearing all of those voices from, and receiving these messages from different venues reflective to the policy of work that we do.

What I also like about my work, as I mentioned in the beginning, is that I think my work cross cuts a lot with social work. I would actually call my position more like a social worker, so it cross cuts with social work. It cross cuts with immigration, immigrant rights, healthcare taxes, so it is really broad and a lot of the skills I trained on my job, but I think the MPH program did provide me with a strong background in terms of understanding the basics of our healthcare delivery system, the barriers faced by these historically underserved, underrepresented populations, to be able to see the larger picture.

To address some of the questions that were raised by students, I think in terms of the skills and knowledge that could help you gain a position, so I guess to give a little bit of background, my team has really diverse backgrounds. The 7 people—our director is an attorney, so she has a background in healthcare law. She worked in health for a long time before she became director of our team. We have MSW students. We have like bachelor's degree in psychology, so it is really diverse. What I like about the MPH program is actually the broad scope of topics it covers because it allowed me to explore what my interests are, which I'm still exploring, so yeah.

But someone also asked about the comparison of the MPH and MS degrees, I think it really depends on your personal interest. If you know for sure that you would want to be a biostatistician or you want to do data analysis, maybe the MS would be a better degree for you not just because how the courses or curriculum is arranged, it is also because you might be surrounded by people that are just better at biostats, because I personally wasn't as good at biostats, so just for the peers.

Okay, one last question, USC resources. I do want to say that I didn't utilize the career development resources directly, but I did rely on Melissa Weathers and the courses that I had at my MPH program, so that was really helpful. I would definitely echo what Alicia



said about global health, because if you really want to do global health—because I personally was a graduate of the global health leadership track and I didn't really end up doing global level work, and I don't think that LA, or even California, really has a lot of opportunities, so if you are looking for global health work you might want to head to DC or New York and expand your prospects in that regard. I definitely want to say that California is a very interesting place to do public health work.

I'm happy to address any questions you may have. If you want to connect with me directly via email, or you can give me a call, and I know that a lot of people might have questions. I personally am an international student, so I think that—I don't know how many international students are here the room, so if you do have personal questions you are welcome to reach me afterwards, because I know that it is sort of like a different trajectory for international students. Thank you.

Lily: Hello. My name is Lily Campbell. I graduated last year. I did my undergraduate at USC. I did global health and then I did a biostat/epi track; however, I ended up in public safety, which is neither of those but I love it. I sent a barrage of emails of internship opportunities, and sometimes it might feel overwhelming, but I ended up working where I got my internship from one of those emails.

So I read an internship opportunity through the city of West Hollywood, which I didn't know was a city, doing emergency management, and I've always thought disaster preparedness was cool and I felt like there weren't really any classes, other than the bio class which I did end up taking and I love, but I wanted some more hands-on experience. I ended up meeting with Paula, going to my resume and doing a little bit of a mock interview which gave me insight into how to answer questions, and similarly when I was in my interview a lot of my exact questions were there. I felt ready to go, which was great. I ended up getting my internship, and I loved it. I loved my boss. I loved what I was working on, which was updating the city's emergency plan, so I learned a lot in that time period.

And then I was enjoying it so much, even though I had two semesters left, my boss created a full-time position for me that I could do while I was finishing up my degree, because she knew I was almost done. I was an administrative analyst in the public safety department, where I continued working on different plans so our degree management plan and our family assistance center plans, and then luck have it, our emergency manager was retiring last December and I was able to take over her job, so that is where I am now which I am very happy about.

It really all stemmed from the practical experience, and at first when I read the job description I felt it wasn't biostat/epi, so why would I even apply for it? It might not help, but after meeting with Rose and Paula I realized that this could be a viable practicum experience as long as my tailored my deliverables to be biostat/epi related, so we were able to make it work. It ended up being a great thing. Even if you think it doesn't fit in the box, it could end up being a really cool experience, so you might find something you really love that you didn't know existed, because I did.



So as emergency manager coordinator I work on both natural disaster preparedness for the city, which is mostly earthquakes in California, as well as of course man-made which is active shooter and crowd control at our special events, so we just had Halloween this week where we shut down Santa Monica Blvd. for about a mile long where 200,000 people come, most of them are drunk, and we build two medical tents. We hire 600 sheriffs and over 150 firefighters, so it is a pretty large scale event that takes months of planning. We also have LA Pride every year in June for three days as well as the LA Marathon, the LA John AIDS foundation party, HBO and Emmys parties, big special events and West Hollywood, so special events is a big factor my job as well. Kind of coordinating the logistics between sheriffs and fire in the specialty groups that the city pays for.

Working for a small city such as West Hollywood has been a great experience because you end up seeing things from the ground level, so I answer position phone calls every day regarding homelessness, emergency management, general public safety questions they may have and linking them with the correct resources whether it be social services or a specialty group at our Sheriff's Department that deals with homelessness, and then I get to work with my counterparts in the city of Beverly Hills, Culver City and Santa Monica every month which is great because those three have been working in our cities for 15+ years so as a newbie they help me out. Even though I don't have a mentor, per se, in my department because I'm the only one doing emergency management, I do have them as resources as well as LA County office of emergency management that we speak with almost daily about different things such as the hepatitis A outbreak right now, which is especially big in the homeless population and how we can adequately address that as a small city. I had a thought when I was a student that I would end up working at a hospital or a County Department of Public Health. I didn't know there were public health related jobs in the small cities, and there are, and there are 88 cities in LA County so there are a plethora of opportunities.

One of the questions I liked was what types of entry-level positions are there because you don't know to search, and it is administrative analyst, or program specialist. It might not have the word health in it. It might not have epidemiology in it, but it is related to public safety. You might end up being in social services or something in that capacity. A lot of the cities have their own health departments. Everyone has to deal with health in some way, so whether it be in Beverly Hills it is in their city manager's department. In West Hollywood it is in our public safety department. In Culver City it is in their fire department, so everything, public health and public safety related might not be as cookie-cutter as you would expect so you just kind have to scour and do your research. The jobs are always posted online for all of the cities on both their own websites. If you go to their HR section they will have a list of opportunities—job opportunities—like they are often using different post as well. You just have to look at each individual city eight in your area and see what pops up, so I think that was really helpful that I didn't know as well as checking your emails because Rose and Paula are sending things out. I send things to Paula all the time when I see a job I'm like, 'Here send this to people,' so you guys have to read them thoroughly and see if there's anything that you might be



interested in, and then it was something that could lead to a full-time job because you never know, so I thought that was important.

What I like about emergency management as I get to work with both residents as well as business owners and that county and city agencies, so you kind of get a little bit of everything, which is why think the MPH is more valuable than the MS when it comes to emergency management, because you are getting a broad-based background in writing, and writing is huge in my job. I am the proofreader of the department. My boss ends everything to me to go through, so definitely writing has been very important. I have written our—we have a safety handbook for all of our nightlife establishments. I may end up doing an active shooter training for all of the bar owners and club bouncers on what to do if there is an active shooter situation, which is an unfortunate but that is a public safety concern nowadays, but writing booklets for them, writing contracts for the city, reports for city council because you go to city council twice a year getting a six-month report, all of the writings and you end up writing in every class, so definitely gives you a good basis on how you can adequately present your findings to people that might not have a public health background. City Council is three lawyers, someone in marketing, and a consultant, so you can't get super specific. You have to be the phrase in a way that makes it understandable for them, so writing has been a key skill for me to have in my job and I think with the MPH program it really gives that to you, so I thought that was something to bring up.

If you have any questions about working for a small city, finding jobs, or anything that is nontraditional than what you would normally think about for biostat/epi, feel free to ask me after.

Bret: I'll try to see if this thing works. Hello, can you hear me back there? Okay. How many of you guys are in the biostat/epi track? Well, quite a few, okay, great. [no sound] and that was Keeping It Real, which is the study that is a partnership between USC and [no sound] with the Los Angeles County Department of Public Health. My functional title is the data manager for the study.

How I came to be in this position is kind of an interesting story. I graduated with my MPH in 2012, biostat/epi track, and there was an opening through the Health Research Association, so I entered that position as an assistant data manager. There was a data manager serving who already had all of the systems and study design and everything in place for what we were doing, and that I worked there for three years. In the meantime the Health Research Association gave the grant to USC, so USC was overseeing it, and the data manager left so I stepped into that role in the new 5-year grant which is 2015-2020, so that is where I got to where I am today.

Tips for the interview—well before that. I found it through USC website, through their job postings website, and you know I applied for it. I went in for an interview, and actually since it was data related, the base part was a skills test so they sat down and did the questions and then, 'Here you go. How good are you at SASS? Tell me what these programs are doing.' It freaked me out at first because, oh my gosh, I haven't had the



advanced SASS class, so I took it home, sent it back, and they liked not necessarily that I had the skill, but that I could recognize kind of what was going on. I didn't need to know all of the ins and outs of SASS programming, but because I have a general idea of what they were trying to do that was enough for them to say this guy has enough skills, let's hire him. One piece of advice early on is that if you know your skills, kind of like you mentioned before, it is going to make getting an epi/biostat-related job easier. Study SASS. It is big and all of the county governments when doing all sorts of public health jobs, so SASS, Stata, and R is becoming more popular now. I would recommend getting exposed to all different programming languages.

SASS you can get certified, which a lot of jobs—it's like taking a test kind of like the SATs or GREs, and you can get certified in SASS, and that will help a lot for potential employers.

A little bit about my current position, as I said I'm the data manager for the Keeping It Real Together study, which is a federally funded study that is charged with implementing evidence-based sexual health education programs in local areas. What we did is we mapped out using STD rates and teen birthrates in LA County, we found the areas with the highest incidence of those disease burdens, and we implement a sexual health education program in the middle schools that are in those areas in the hopes that down the line those burdens can be reduced.

We are in—Keeping It Real, which was 2010-2015, was focused just in middle schools, and this new grant which is 2015-2020 is scaling up and getting into more schools. Basically the premise behind it is to take an evidence-based sexual health intervention, which was tested and tried in a randomized control trial, and putting it into real-world situations and seeing if it would still have affect.

Our organization took something, a program called Its Your Name, Keep It Real, which was tested by an RCT in Texas and was found to reduce incidences of sexual activity among younger adolescents. What the federal government funded us was to say, 'Let's take this. It worked in Texas. Will it work here?' But of course they didn't give us enough money to do a randomized control trial, so what we are doing is kind of a quasiexperimental trial. One of the things you learn doing public health and implementing programs is you can't always get people to sign up. You can't always track people, but you want to know if your program is effective because you don't want to spend the money if it is not effective.

That comes to my job on the study, which is to assist and plan the tracking of all of the data. What we did with our—yeah, I just talked to you about that. We planned a way, without using randomized control trials, how we can show that what we are doing is effective. So different methods of collecting data from facilitators implementing the program, tell us who is getting the program so we know how many people are participating, and we also do surveys on the youth in high schools to try to find some affect so that we can say, hey, taking this evidence-based program and putting it into the real world actually works, and so as the data manager I manage all of the data



streams coming in and out. I'm responsible for moving along statistical analysis, the evaluation of the program using survey data and other administrative data. That's basically what I do. If you have any detailed questions, we can talk at the individual session.

But I do want to address some of these questions for biostat/epi folks, and coming from the county, I'm assuming that a lot of biostat students might want to look for an epidemiologist position, if you are looking to get into the epidemiologist position, if you're looking to get in the county the entry-level after your Master's is called in epidemiology panelist, and from there, there is a track that the county has of epidemiologist, supervising epidemiologist and chief epidemiologist, but that is lots of experience required for that. There is also what is called a research analyst position within the county that can do some more things.

Some advice for applying for government jobs is, kind of like you had alluded to, go to the government webpage and look. Go to LA County. They have a jobs website. If you are interested in Riverside County or California State Department of Public Health, go to that specific website and find it because aggregators like Indeed, or LinkedIn, while sometimes they might show up there, oftentimes they are not going to and you are going to have to go to specific websites to apply.

Often times, especially for some of the more technical positions, they will require tests, so they want to know your SASS skills. They want to know your Excel skills. They want to know have you used JS for mapping before and in what capacity? That is another important thing to get experience with.

Another piece of advice I would recommend is to try to get published in some sort of way. I know that sounds like a lot of work. You have to be high up to be published, but in reality there are little things you can do to say that you present this; you presented an original piece of research. For example, I know you had mentioned APHA, well might be kind of expensive to go into, I know they have student discounts, but often there may be some small regional conferences you can go to. What I would recommend is if you don't have access to some sort of database or some sort of data set at home, find ones publicly available like The YRBS. If you haven't heard of it, it's the Youth Risk Behavior Surveillance Study, and they have publicly available dataset. They have tons of behavioral data, survey data on adolescence, so I have seen before people take that data set and say, you know, I wonder if those people who don't eat vegetables are also at risk for using marijuana or something like that, and you could just, if you find an idea in your head and you go do it and do the research and then present the findings, that is a great boost to a resume and application, so that is one piece of advice I would give you.

Okay, you guys pretty much got the rest. If you have anything specific, I'm here for questions.



Paula: Thank you so much. It was wonderful to hear everyone talked about their experiences and resources. It is great that we had such a varying experience. I think at this time I would like to take a few minutes to see if our audience or online students have any questions. We will start with online if that's okay. Janet, any questions?

Janet: No questions.

Paula: Fantastic. Yes?

Question: Yes, I do have questions for a couple of you like individuals later, but I do have a question for all of you, and that is during the time at USC in the MPH program is there a class you recommend a wish you had taken during your time here, or one that may be inspired you or has helped you?

Paula: Is there a class that you highly recommend students taking, and I will just pass the mic again.

Bret: I would say for biostat/epi, go as far with data analysis as you can, and also the program evaluation course would help.

Lily: For my job in public safety I would say the biocharting course was most applicable.

Weiyu: I have a few favorites. Okay, so I really liked 509. It is Comparable Healthcare Delivery Systems, so it compares US systems, to other high income countries or other countries in general. I liked this one class taught by Professor Sofia Gruskin. It is at the law school actually, because like I said my personal interest is more so at the intersection of policy law and health, so those are the two courses that I really liked. That really brought in my horizon.

Kathy: I would say for my job I think the most applicable course was, a way to remember the number, 508, which was Dr. Cousineau's course, because it is very important to understand health delivery systems, because that is the basis of what I do. I work in FQHC, but it would be terrible if I didn't know that, so most applicable would be that one. I think technically I took a class at, I don't remember it has been a long time, I think it was in the engineering school and it was really cool because it was on healthcare operations, and what the course taught was learning Lean Six Sigma. If you guys don't know what that it is it is basically like a way to identify the processes and then eliminate waste to make things what they call "lean," so you're making process as simplified or as lean as possible, which can lead to better outcomes, reduce costs so on and so forth, so I learned the basics of that which is what I kind of do now, so it was very translatable.

Alicia: I would say the course that I wish I had taken and didn't was the program evaluation course, and I think Dr. Rohrbach believes that. I think a lot of what public health professionals focus on is evaluation quantifiably, qualitatively and how to meet outcomes and measures, so that is something that I'm learning a lot on the job and I



wish I did have more background at the beginning, and I did take a grant writing course while I was here. I know it is something that is not offered a lot, but if it is available and it fits your schedule I do recommend taking it. If you are looking to go into the nonprofit or academic or even some of the city and government jobs, writing grants is how you find your own job. It is how you make your salary, so we do a lot of grant writing my position. Right now—like you are all mentioned writing is a great skill to have learning how to be a technical writer, not just trying to make people understand your own thesis, but how to really write down to the technical level of what you are trying to do is really important and really a very high priority when you are writing these grants, so that would be my advice.

Paula: Another question?

Question: Actually, I have a question for Alicia. Did you take the grant-writing course through our department or another department?

Alicia: The question was did I take the grant writing course through the MPH department or another one? It was offered here through our department. This was 2 years ago, so I'm not sure who teaches it now. We had a teacher, a professor, who came from UCLA. It was a global health grant writing course, so I actually really enjoyed it. We got to come up with our own program, our global health program, and then write a grant for how we would get it funded. If that is available, definitely take it, and if it is not available try to advocate for that or perhaps work with one of the professors in the department in getting that

Question: I also have a followup.

Alicia: The question was where did I do my practicum? For global health students out there, you know a lot of the jobs to ask that you work abroad, so I actually was one of the students who went to Geneva and participated in the World Health Assembly and then also did an internship at the World Health Organization. I'm very interested in international relations and the intersection of policy, law and health, even though currently I don't work necessarily in that, I still see it as a factor in my position. It was helpful working there, the WHO. A lot of people are saying it's great if you are networking, you know yeah I did meet some great people. I think one of the biggest takeaways was I got to learn how to do a systematic review, and I did a review on the literature about mobile technology and how that can either prevent or maintain hypertension in lot of the low income countries, so that was something I was able to bring up during my interview was, 'Hey, you know, I was at the WHO. I took these classes on systematic reviews. I did an analysis on these reviews, so this is my deliverable.' If you have an internship or are looking for a global health internship, I know it doesn't sound very glamorous doing an analysis like that, but it really was very helpful in obtaining my job.

Paula: I know Dr. Rohrbach wanted to say something about the grant writing, and go ahead Dr. Rohrbach.



Dr. Rohrbach: So, we used to have a requirement, I think maybe Bret you were in the program where we had a requirement for a grant writing class, but when we changed the curriculum, we eliminated that requirement, so I just wanted to point out that there are two classes that you can take that they are not called grant writing per se, but you learn the same skill sets that you need to write a grant, so what is the class that you referred to Alicia which is 576. That is the class that is designed with the global health track, but of course anybody could take it, so you learn how to write a significances statement. You learn how to design an intervention. You learn about thinking about resource management and budget minutes, so all of those elements of a grant, but it is not grant writing per se. It is the same thing with the class that I taught, it is PM 528, it is called program design and evaluation, so that course also takes you through every step of developing a project that you can turn into a grant proposal. I don't want you to feel that those skills are not addressed in our classes. They are. I actually also have a question. I advise a lot of students, and I was kind of interested to hear some of your comments about, well, I was in this track but I didn't necessarily end up in a job directly related to that track, so I don't know. I guess what would you tell incoming students or even students who are sort of in the middle of maybe wavering about which track to go into? How would you advise them to take advantage of what is here and to make that decision about the track? Does anybody have any thoughts about that?

Paula: I'm going to repeat the question. That is what would you advise incoming students or students who are getting into tracks, how would you select your track? I'm going to pass the microphone to someone.

Lily: So, I did global health at USC for undergrads so I felt like I knew the global health track, and I loved it because I loved IR meets science meets health meets everything, and then when I was deciding when I got to the MPH program do I want biostat/epi, or do I want the public policy because I love 508. I love Dr. Cousineau. It was so interesting. It was really great. I ended up picking biostat/epi, but I picked all of my electives policy, as much policy as I could, so I kind of half and halfed as much as I could, but as someone who is not really working in anything particular, I think you should just pick something that you like the most. Obviously having a technical skill like biostat/epi is really important, but if you feel like you are never going to do anything with it and you don't want to learn SASS, that is okay, then just pick something you are interested in. It depends on what you want to do. I feel like if you are stuck between two, pick one, probably biostat/epi because you go the furthest with all of the classes. I learned SASS and all of that, even though I didn't love it per se, but then I just took as many public policy related electives that I could. I took a class from Dr. Cousineau where we went to Sacramento and did a conference there which was so great, so there's that, and then I ended up doing for my capstone the grant writing option, doing a fake grant writing for a program in West Hollywood, so I think there are ways to learn as many skills that interest you as much as you can which is great, and I love that the base core courses it kind of takes you through everything, so that's always helpful.



Weiye: I definitely echo what she said about taking whatever courses you love, because that is also what I did for my MPH. Like, I didn't really take any policy courses when I was in school. I didn't take any health education besides the minimum requirement, but I ended up doing a combination of both, and I still—like, I really like environmental health and health sciences because I thought it was interesting. It was relevant to my daily life, but then I ended up not really doing anything directly relevant to environmental health, but it is still—I want to say that when you are in the field of health, when you are in the realm of health, everything is connected. Like, you can't just talk about it, like that's what we emphasize in global health is that we talk about the health of all human beings on the planet. How can you leave one part out and just, you know, want to focus on one? I really appreciated my MPH program in terms of letting explore what I am interested in. Like I did a lot of projects. I tried to broaden my own, even just in terms of projects, like I did a lot of projects that are focused on actually sexual and reproductive health rights, and that is not something that I'm currently exploring in my job, but I think we are still talking about entry-level public health professions, and you can always explore other options midway, or if you don't like it, I think skills and knowledge, like grant writing, like brand management, project coordination, all of that is transferable. I think when you're still in school, value your learning opportunities. Try to explore as much as you can. Maybe you will embark on something that will become your career one day, or maybe some skill set that is not readily applicable at the moment will become valuable in the future. That is my two cents.

Kathy: Okay, I guess to answer Dr. Rohrbach's question, I would say that my biggest downfall, too, when I was entering the MPH program was I pigeonholed myself into my track title. I think in the real world, though, and what we have all experienced here is that it doesn't really matter which track you officially choose, so I think that is what the rest of the panelists are getting at is that do what you really like to do, and if you change your mind later, it's all right. It's not a big deal. I think in areas where you need, or the job requires, a certain certification, like for health education there is the CHES and things like that, that is going to be specific to a certain track and those are for people who really know they want to pursue that, but personally for me when I was entering I was between policy and biostat/epi, and the way I made the decision between the two was because I just knew I didn't like numbers. I was like, okay, I don't want to spend a whole lot of time on that, although I do not regret that decision a little bit because it is very useful, even though I still very much enjoy all of the policy classes I took. What I have come to find is that regardless, you can still make it your own just like what everyone else said. There are elective courses, and I took some outside of the school. I took a class in the MBA program for consulting. I took a class at the engineering school to learn six Sigma. You can make yourself as varied as you want, and you can kind of mix-and-match that experience to be what you wanted to be, but it is really what you put into it. You have to do the research to find whatever classes you can take. For some of the other schools or programs, if you want to take an elective course you have to have some prerequisites done, so I knew that there were some I couldn't take, so I was trying to find some that were within my interest that would help me build some type of skill at another school that didn't require any prerequisites at the school. You kind of have to just mix-and-match and that is really like, unfortunately, I can't give you a simple and



clean answer. It is more like you have to do your due diligence and look into it. I would also say that everything you learn as an MPH I think is transferable. Even your core classes would be enough to help you in another kind of like track. For example, if I was in policy and I wanted to go to health education, I could definitely do that so long as I have maybe some experience, something else to speak to, other than my coursework. I think what is also really important besides the track you choose is whatever internship opportunity you pursue, it is really making the most of your time and building that resume while you are here, not just saying that while I'm in school and not going to do anything else. That's not it. You know, like everyone else is looking for real job experience that you have that you can apply to a future full-time position. Long story short, I think that whatever you guys choose is going to be very applicable to the real world. The MPH degree is such a general degree, the way an MBA is, but that works at our advantage a lot of the time because we can say we have had experience in every single little track that makes us somewhat of a jack of all trades.

Bret: I second what all has been said. As a biostat/epi I find 75% of my time I'm dealing with numbers, so make sure you like numbers to be biostat/epi, but there is also opportunity to do other things like program evaluation, study design, just thinking about designing interventions and things like that where it helps if you have had some exposure to some of the other tracks so that you can apply those skills and it also makes you more valuable because you have some knowledge about every aspect of doing public health. You can chime in and say I know about that, how about this. When you do that, it just shows your skill set and that you are more than just your single track.

Paula: I do want to say something about tracks because I graduated in epi from the other school and we didn't have tracks, but we went into a department and that was our department, and the interesting thing was that I went in as epi, and I never wavered. Like I wanted to do epi, and the reason was they were very tangible skills, and that was very important to me because that gave me like a security, like I will always be able to find a job, and it's true. What I have learned, the skills I have gained, I still use them today. That is why you all need to fill out the evaluation. Secondly, I did exactly what they were talking about. In my second year we had to select electives and I was fascinated with community health, and so second year I took every single community health class that I could get into, and I absolutely loved it, which brings me to a plug about career choices. I'm here to support your development. It is super important for you to be reflective and to analyze the classes you are taking and to ensure that visa classes that you are going to thrive in and that you are passionate about because if I didn't like numbers, I mean my undergraduate major was in genetics, so I like numbers. We did numbers in genetics, so that was up my alley. I like numbers, and that is why epi was very tangible to me and something that I was good. However, I had other passions. I wanted to work with surveys. I wanted to work in communities and help communities and combat the disparities that we see in communities of color, and that is why I took some of the classes that were offered in community health, which was completely different apartment. I'm here to support your development, and for those who have come to my office hours and have made an appointment, you know that we sit there and we talk about what do you see yourself doing when you graduate? What do you like



to do? These are important questions that you need ask yourself now because when you start applying for jobs or even a practicum, you are now going to have responses like when you see a practicum opportunity, you will see like I'm not interested in this and you skip it, but when you see something you are interested in that you go for it, because you can't go out there into the world and apply to every single job that is out there. The #1 problem I see from our alumni, and none of these students have done this (our alumni I should say) is they will come six months after they have graduated and they will tell me, 'I'm so frustrated. I don't know what to do. I've applied to hundreds of jobs and I don't get a single interview.' We calm down for a second and then I say, 'Tell me the process. What are you doing?' I am not joking. Every single person who has come into my office frustrated or has called me, and the online students, every single one has something in common and that is they have applied on Indeed, and it is not that I don't want to talk bad about Indeed, but the problem with Indeed is that you don't know how long the job has been there. You are not researching the organization like our alumni talked about. You are not learning, exploring beyond what is on Indeed. It is very problematic, and I encourage you to explore organizations or if you really want a search engine, then do Idealist. Do APHA. Do another is, oh my God, they just change the name, but it is basically ASPPH has a job search and they just changed the name so I don't know what it is called now. It is public health jobs, I believe, but it is through ASPPH, so these organizations that are "putting together" job descriptions, and I encourage you to start there. I encourage you to network on LinkedIn with our alumni. I encourage you to research organizations you're interested in. Be reflective. What do you like? What don't you like? Attend events such as this. This is a great forum for you to learn. 'I like that. That sounds interesting. I don't like that.' The more you do that throughout your 2 years here, the more likely you are going to find a job you are going to be passionate where you are going to thrive, and you are going to come back and sit here and tell the future group of students. That is what I want to say about track.

Any other questions?

Question: My question is for you actually, Paula. I'm actually a dual-degree student, and I'm not alone in saying this, but we don't actually have a lot of leeway when it comes to like, what is called, the extracurricular classes, and so I'm wondering whether it is for students or for alumni, are there opportunities to learn these skills that these alumni panels are here telling us about like in terms SASS certifications or CEU credits that are offered like free of charge for students or workshops, perhaps? Because I know during the class requirement evaluation, like I would love to take that class, like that feels right up my alley, but know as a dual-degree part of the appeal, rather than doing 4 years, I only have to do 3, but in doing so I lose all of that opportunity essentially, so I'm wondering is there a way where I can still graduate on time but also still get those, like through student workshops or CEUs, or something like that?

Paula: The question is can we do other things to get the skills, right? Okay, SASS, For example, offers classes all of the time, so you just Google SASS. You go to their website, and they will tell you there what classes they offer. I encourage you to search



STATA, they also have classes. Okay, I think I'm just going to pass it to Bret, because I think he could answer this.

Janet: The Center for Nonprofit Management.

Bret: Yeah, it is actually funny, I actually supervise 2 staff in my position, and the first thing I have them do when they come aboard is to go to USC through Lynda and take the first two Welcome to SASS Programming courses. It gives them right up to speed. You can do it at your own pace, on your own time, and I believe Lynda also has some Stata components, too. I don't know necessarily about programming evaluation, though. I don't know if you can speak to that.

Alicia: Can I just speak to that? Just to piggyback off of what he was saying regarding Lynda, I did actually do that for my job and it is a great course, and to advocate for USC students you do have free access to Lynda. It is a very expensive site, so definitely utilize everything that is on there. It saved my hiney a lot in the position I'm in, not just with SASS but a lot of what we are doing as public health now is going more digital and online and I have a lot of great courses and programs that you can learn from there to help supplement things like data visualization, you know, with infographics. Everyone loves a cute, flashy Infographic these days, so they have a great way on how to design that, so definitely use those things to your advantage. I do believe that, as students, you do have access to the whole Microsoft Office Suite that you can download, so make sure you are using all of your resources as a student. I didn't know those things until I was a staff member, so luckily I was able to access those things but I didn't know that as a student, so definitely look into those kinds of things.

Question: Is Lynda free for alumni as well are only during our time as a student?

Alicia: Only as a student unless you are a staff or faculty member.

Paula: Janet, there's another resource.

Janet: The Center for Nonprofit Management. It might not have SASS but it has other public health related classes.

Paula: As students, too, I encourage you to—especially the biostats/epi—make sure you do all your certifications through Citi. It is great—IRB, HIPAA, Good Clinical Trials—when you put these certifications in your resume and someone is thinking, 'Oh should I hire this person or should I hire someone that does it?', it just gives you an edge and this is research certification that USC offers to all of our students. It is citi.com, c-i-t-i, and you can get these certifications to conduct human research. Any other questions? Online? No.

We are going to wrap this up, perfect timing, just like I wanted. I wanted to just show my appreciation. It is not backpack to put your books, it is a workout bag, so I brought you—let me go get it. It is a little souvenir, a thank you. Some of you who didn't graduate last



year might have not received our alumni business cards. Yes, looking back, so I am just going to pass this along. I just wanted to take this moment to say thank you to the students who are here. I know that projects, midterms, and work is very difficult in the middle of the semester. I appreciate you coming out. Please turn in your evaluation, and hopefully our alumni can stay here a little longer and answer some one-to-one questions. Let's give them a big applause for coming today. [Applause]