

2006-07 student awards

**Abdelmonem A. Afifi
Student Fellowship**
Sara Serin-Christ
Community Health Sciences

**Agency for Healthcare
Research and Quality
Fellowship**

Kimberly Enard
Melissa Gatchell
Michelle Ko
Shana Lavarreda
Daniella Meeker
Erum Nadeem
Sarah Starks
Roy Wada
Health Services

**Amgen Fellowship in
Biostatistics at UCLA**

Xin Huang

**ASPH/CDC/PRC Minority
Fellowship**

Typhanye Penniman
Community Health Sciences

**Biostatistics Training
for AIDS Research**

Erik Bloomquist
Stephanie Kovalchik
Lei Qian
Corwin Zigler

**Fred H. Bixby
Doctoral Fellowship**

Claire Dye
Kunchok Gyaltsen
Community Health Sciences

**Joseph and Celia Blann
Fellowship**

Wenhua Hu
Biostatistics

Dana Martinez
Community Health Sciences

**California Breast Cancer
Research Program**

Dissertation Fellowship
Yoshiko Umezawa
Community Health Sciences

**California Center for
Population Research
Training Program
Doctoral Fellowship**

Alison Buttenheim
Yasamin Kusunoki
Community Health Sciences

**California Endowment
Scholarship**

Tommi Gaines
Biostatistics

Khadeeja Abdullah
Environmental Health Sciences

Tina Carbajal
Epidemiology

Marina Alvarez
Eileen Bangaoil
Denise Woods
Health Services

**California Wellness
Foundation Scholarship**

Mekeila Cook
Parichart Wichianson
Community Health Sciences
Matthew Banegas
Health Services

Chancellor's Fellowship

Hua Guo
Biostatistics

Chancellor's Prize

Brian Chen
Epidemiology

Charles F. Scott Fellowship

Sarin Prakobwanakit
Community Health Sciences

**Class of 1972
Reunion Fund**

Melissa Gatchell
Health Services

Zhanna Sobol
Molecular Toxicology

**Dean's Outstanding
Student Award**

Grace Song-Ye Park
Biostatistics

Yasamin Kusunoki
Community Health Sciences

Wenhai Xu
Environmental Health Sciences

Astou Coly
Epidemiology

Ada Ying Cheng
Health Services

**Eleanor J. De Benedictis
Fellowship in Nutrition**

Constance Gewa
Maria Koleilat
Loan Pham Kim
Community Health Sciences

**Dissertation Year
Fellowship**

Hua Guo
Biostatistics

Constance Gewa
Community Health Sciences

Steven Lee

Xiaoyan Liao
Environmental Health Sciences

Adrienne Katner
Sarah Rothenberg
*Environmental Science
and Engineering*

Ning An
Epidemiology

Cecilia Chan
Molecular Toxicology

**Environmental Science
and Engineering Program
Endowment**
Alex Revchuk

EPA STAR Fellowship

Margaret Krudysz
Environmental Health Sciences
Zhanna Sobol
Molecular Toxicology

**William and Flora Hewlett
Foundation Environmental
Science and Engineering
Program**

Jane Curren
Amy Hensley
Calvin Kwan
Marc-Andre Philibert

**Foley and Lardner
Fellowships in Health
Services**

Seth Clancy
Sahba Tafazoli

**Foreign Language and
Area Studies Fellowship**

Gabriel Garcia
Grace Lee
Community Health Sciences

**Raymond D. Goodman
Scholarship**

Naja Rod Nielsen
Epidemiology

Judith Chung
Health Services

**Graduate Opportunity
Fellowship**

Linda Bahrami
Biostatistics

Veronica Awan
Noriko Boyd
Rosa Calva
Michelle Doose
Eva Durazo
Senely Navarrete
Community Health Sciences

**Graduate Research
Mentorship Program Award**

Pamela Stoddard
Community Health Sciences

Marie Sharp
Epidemiology

**Hagigi Fellowship
in Health Services Finance
and Management**

Jonathan Friel
Health Services

**Gordon Hein Memorial
Scholarship**

Christian Shinaberger
Epidemiology

**Health Services Alumni
Association Scholarship**
Kyle Legleiter

**Hortense Fishbaugh
Memorial Fellowship**
Robert Taylor
Molecular Toxicology

Carolbeth Korn Prize

Constance Gewa
Community Health Sciences

**Bette & Hans Lorenz
Fellowship**

Mekeila Cook
Community Health Sciences

**Maternal and Child Health
Training Grant**

Katrina Dornig
Community Health Sciences

**NSF AGE Professoriate
Competitive Stipend**

Robert Taylor
Molecular Toxicology

**Ann G. Quealy
Memorial Fellowship
in Health Services**

Amy Goldstein
Aniko Huffard

**Ruth F. Richards Memorial
Student Award**

Juan Jia
Biostatistics

Jennifer Erausquin
Community Health Sciences

Melissa Higdon
Epidemiology

Narmina Pasha
Health Services

Sarah Kobylewski
Molecular Toxicology

**Eugene Cota Robles
Fellowship**

Erica Childs
Biostatistics

Demian Willette
Environmental Health Sciences

Joni Ricks
Epidemiology

Ruth Roemer Award

Katherine Marcellus
Health Services

**Ruth Roemer Tobacco
Scholarship**

Thida Aye
Community Health Sciences

**Milton & Ruth Roemer
Fellowship in Health
Services**

Georgina Agyekum

**Will Rogers Memorial
Scholarship**

Veronica Awan
Community Health Sciences

Monica Salinas Fellowship
Marie Sharp
Epidemiology

**Monica Salinas Internship
Fund in Latino and Latin
American Health**

Miriam Boxerman
Sara Serin-Christ
Ariel Shumaker-
Hammond
Community Health Sciences

Marie Sharp
Epidemiology

Philip & Aida Siff Fellowship

Angie Otiniano
Community Health Sciences

Kathleen Kozawa
*Environmental Science
and Engineering*

**Juneal Marie Smith
Fellowship in
International Nutrition**
Shen-Chih Chang
Epidemiology

**Wayne SooHoo Memorial
Scholarship**

Wenhai Xu
Environmental Health Sciences

**Samuel J. Tibbitts
Fellowship**

Matthew Wise
Epidemiology

**Toxic Substances
Research & Teaching
Program Fellowship**

Nancy Jennerjohn
Environmental Health Sciences

Ilona Bebenek
Sudheerreddy Beedanagari

Peter Bui
Matthew Jackson

Shareef Nahas
Robert Taylor
Molecular Toxicology

**UCLA Tobacco Control
Capacity Building
Scholarships, funded by**

*bequests from the Carl E.
Hopkins Fund and Kaiser
Foundation Health Plan, Inc.*
Thida Aye
Community Health Sciences

Suzuho Shimasaki
Health Services

**Wilshire Foundation
Endowment in Geriatric
Medicine and Long
Term Care**

Kerry Hood
Voranan Pongquan
Community Health Sciences

Kenneth Frausto
Health Services

Bringing Public Health to Remote Region of Tibet

ONE COULD HARDLY BLAME **KUNCHOK GYALTSEN** if he experienced a culture shock upon arriving at UCLA, where he is currently a doctoral student in the School of Public Health. Gyaltzen is from the city of Xining in Qinghai Province, part of the Tibetan region of China. The mountainous province is among China's poorest and most remote areas.

"Los Angeles is too big," Gyaltzen says, laughing. "But I keep my life simple and quiet."

Even in a city as diverse as Los Angeles, Gyaltzen is sure to stand out when he rides the bus from Westwood to his temporary home in Santa Monica. Gyaltzen is a Tibetan Buddhist monk, and a medical doctor trained in traditional Tibetan medicine. Since 2001 he has been executive director of Kumbum Tibetan Medical Hospital, overseeing a staff of 30 medical professionals and trainees. As he became more involved in hospital management, he began to realize that a system in which more patient visits was considered an indicator of success didn't gibe with his values. "It made me uncomfortable," says Gyaltzen. "I want to see less patients, because that means less people are suffering from illnesses."

Gyaltzen knew what he wanted, but wasn't sure how to achieve it until he discovered public health. He learned English and has spent much of the last six years in the United States, most recently at UCLA under the guidance of Dr. Anne Pebley, who helped Gyaltzen secure funding from the school's Fred H. Bixby Doctoral Fellowship Endowment that was critical to his ability to complete his education: When Gyaltzen works in Tibet, he is lucky to earn the equivalent of \$300 in a month.

While in the United States, Gyaltzen has also garnered support for the Tibetan Healing Fund (www.tibetanhealingfund.org), the non-profit organization he founded in 2001 to raise money for education and maternal-and-child-health projects in the Tibetan region.

Initiatives have included the training of approximately 3,000 village women to be health educators and community midwives. A natural birth and training center is also being built. "The vast majority of women are not getting prenatal or postnatal care, and are delivering babies at home, often assisted by family members who have no training," Gyaltzen says. "As a result, the infant mortality rate is high." Compounding matters, in many parts of Tibetan society it is taboo for women to discuss health issues, even with their husbands, and when problems develop they tend to delay seeking professional care.

Observing the U.S. health care system up close has underscored for Gyaltzen some of the shortcomings of the Tibetan system, which has little in the way of a public health infrastructure and lacks the sophistication of medical training found in the West. On the other hand, Gyaltzen believes Tibetan medical doctors tend to be better than their U.S. counterparts at communicating with and showing compassion for their patients. And the biggest surprise when he came to this country was to see that for all of the technological prowess of the U.S. health care system, so many lack access to basic health care – a major concern for those in the profession Gyaltzen hopes to promote when he returns to his native region.

"The goal of public health is the well-being of the individual and the community, and to reach that goal means promoting good physical and mental health as well as having good social support and meeting basic needs such as water, sanitation, food and shelter," says Gyaltzen. "That fits very well with my beliefs as a Buddhist."



"The goal of public health is the well-being of the individual and the community. That fits very well with my beliefs as a Buddhist."

— Kunchok Gyaltzen

Making Sense of New Census Classifications for Race

STARTING WITH THE 2000 CENSUS, the federal government revised how it collects data on race and ethnicity – respondents were allowed to identify themselves as a member of more than one category (which 7 million opted to do), whereas in prior censuses they were forced to choose one. The revision was made in recognition of the nation’s growing number of interracial couples, who in turn are producing children whose diverse lineage defies a single classification. But the change also creates potential nightmares for researchers and policymakers who rely on the data from these and other surveys to understand racial and ethnic disparities in health: When you consider all of the possible combinations, including “other,” there are now 63 multiple-race categories along with the six single-race categories.

TOMMI GAINES, a UCLA School of Public Health doctoral student in biostatistics, is tackling the challenges arising from the new collection method. “There have been goals that have been set around understanding why differences exist between races and how we can develop policies to try to eliminate or reduce these differences,” Gaines notes. “If there are disparities found between multiracial populations and a single-race category, how do we accurately reflect what’s going on with the multiracial populations, which capture a broad range of people? It becomes harder to tease out the potential problems that are causing these health differences.” (For more on the issue of health disparities, see page 20.)

Among the concerns: Analysts who want to compare race-related results from different data collection systems may find that it’s like comparing apples and oranges when one reports statistics by single-race data while the other reports both single-race and multi-race data. Similarly, studying trends over time using census standards for racial classification becomes challenging. “If I want to see whether the gap between two races on a specific health outcome is being reduced over a 10-year period, it’s more difficult with the revised system,” Gaines says. Finally, with so many racial classifications, there is the problem of samples sizes becoming too small in specific multiple-race categories to generate reliable estimates.

For her doctoral dissertation, Gaines is testing three methods for analyzing multiracial data. She is testing the validity of these methods by measuring the state’s progress in meeting the national Healthy People 2010 objectives, which set out to eliminate racial disparities, using data from the California Health Interview Survey (CHIS). CHIS, based in the school’s Center for Health Policy Research, allows respondents to check multiple race categories but, unlike the census, also asks respondents in a follow-up question to select the one race with which they primarily identify. This type of data enables Gaines to investigate the advantages and disadvantages of the methodologies by comparing single-race health statistics generated under each methodology to those based on the actual data captured by the follow-up question.

After completing her degree, Gaines plans to pursue a career in academia or with a government agency; in either case, her focus will be on helping to better understand racial disparities in health. “Interracial marriages are projected to increase over time, which means a growing interracial population,” she says. “As long as there continue to be differences between races in regard to health conditions, we need to continue to collect and find ways to make sense of the data so that we better understand why these disparities exist.”

“As long as there continue to be differences between races in regard to health conditions, we need to continue to collect and find ways to make sense of the data so that we better understand why these disparities exist.”

— Tommi Gaines

