

BFI Foodscape Mapping Project – Oral Histories

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Transcription of Interview conducted with

BENE GATZERT

Berkeley, California

By: NATALIA SEMERARO and NATHALIE MUNOZ

MUNOZ: This is Nathalie Munoz and Natalia Semeraro with Bene Gatzert on July 10, 2017 at University Health Services. What was Berkeley like in 1989 when you first started at University Health Services? And what was it that brought you here?

GATZERT: I was one of those students that never left. I actually came in 1984 as an undergrad and thought I was going to be a business major and then took anthropology classes and my whole life changed. I discovered medical and cultural anthropology and public health and after a couple years realized that that's really... Public health was really what my passion was and one of my dream jobs was to become a health educator and to work at the health promotion unit here. And Karen Gee, who you're going to be interviewing or have interviewed, was my first ever boss in the public health field. I was in a peer education program that she ran so she started teaching me pretty young about social justice issues so I was really lucky to have my introduction to public health also being in conjunction to social justice issues. When I was thinking this morning, because you were going to go back in time and ask me these questions, I was thinking about my experience as an undergrad when things were a lot less expensive to be here and tuition for the year was only a couple thousand dollars instead of what it is now. So there were people who talked about for example, having to have ramen or something but there wasn't the same dialogue about food insecurity or food security and that or other basic needs so that doesn't mean there weren't people who were struggling but the cost of going here was so much less expensive when I was a student and even in 1989 when I started working.

MUNOZ: In that time, when people would have ramen, do you normally see people, I mean I don't know if you remember, but do you remember seeing people being able to eat pretty decent meals and were there these kinds of food restaurants and all that good stuff? Was that all here or was that slowly popping up over time?

GATZERT One of the things that I remember is when I was a student you could only get whole milk in the cafes and Trish Ratto, who I don't know if you've met Trish in your work here she just retired. She went around to the cafes and got them to offer low fat and nonfat milk back in the day and so I was here when they did that transition to healthier options and that's really kind of the way I saw nutrition first in my field was around both helping people make individual choices and kind of educating people to better understand better what was healthy, what isn't healthy and then trying to make healthy options available. We hadn't gotten to the basic needs security level of issues yet when I started my career.

MUNOZ: So as strategic initiatives manager how do you approach promoting health of students and staff?

GATZERT: I would say from my role, I try to do a couple things from my public health and community organizing background. I really believe that the client should have a voice in the services that are provided for them and so I support a number of student advisory committees, including the student health advisory committee in the wellness fund and the wellness advisory committee. So the student health advisory committee is twenty-five students who represent various communities. The different recruitment and retention centers, the Greek community, the coops, and they keep us fresh on what are the health issues are for students and then also give us input on our programs and services. The wellness fund committee which we sit on has \$1.3 million of discretionary funding that they give out grants to student groups and departments to do work and I don't know if you'll be talking to Toby about our new nutrition peer program.

MUNOZ: We were told about it, she was mentioned it to us today.

GATZERT: Okay great! We got a grant from the wellness fund advisory committee and I definitely believe in students having a voice in the services. People helping define, kind of being a part of the services that they're providing and then I think the other thing is realizing that health and wellness means a variety of things depending on people's life experiences, their cultural backgrounds, the different intersectionalities of who they are as a person and so when I think of health and wellness I think really broadly. Because I work on different initiatives, different projects, one of the ones that I'm working on is called 'A Healthy Campus Network' where we're going to be doing a couple of things. One is trying to look at how to make the campus have a better culture of wellness. And then we're going to, as a very tangible product, do a portal around wellness so I expect to be reaching back out to you all at some point as we figure out how we want to represent food.

MUNOZ: Like a Calcentral portal? I don't know if I understand that.

GATZERT: It's going to be a web portal. Right now the information about health and wellness is really decentralized, so we've got information from the health service, the dean of students has information, equity and inclusion has information about health, you all have the Foodscape map... And so how do we not only bring that together but I'm also really interested in: are we just going to have education? Are we going to have a call to action and support people also figuring out how they can improve the campus environment or the ways to help and so we're doing a project of stakeholder engagement. --You guys are doing interviews, we'll be doing interviews of focus groups to find out how people define wellness, what kind of tools and information they want about wellness for the portal and then create a new wellness portal. And I expect it will link in with what you're doing as well.

MUNOZ: That's fantastic. So you kind of already answered the question but when you say that you work with these different communities, what would what would you say is your personal mission with University Health Services like what exactly is it that you try to prioritize in your roll and I know you kind of spoke to trying to collaborate everybody and get this communication going throughout all these different entities but would you say that is your priority or is it something else?

GATZERT: I would say, probably. I have two main things that I work on; I do a lot of facilitation, so I facilitate a lot of teams and groups of people problem solving together and some of those relate to the services. So for example we're working on a project to integrate behavioral health and mental health services into the primary care clinic.

MUNOZ: Is it the behavioral-?

GATZERT: Health provider?

MUNOZ: Yeah, it's new right?

GATZERT: I've been working on that project and so we're trying to figure out how to better treat the whole person when they come into primary care. We bring psychologists on staff, we're increasing the amount of resources people have. We have had health coaching for years, which Karen will probably talk about and how health coaching is part of how we uncovered, Karen uncovered, some of the food insecurity issues. So one of our services, how to have interdisciplinary teams provide better care to students, staff, and faculty because we serve all of them. And then how to support change at the campus environment level so the student mental health chancellor's advisory committee that I staff is very interested in making campus changes as it relates to that. So how can we look at not only how faculty help students reduce stress but how do we look at the academic culture and the policies and procedures and do we really need to have exams the day after spring break?

MUNOZ: I would just like to ask you, how often do you work with faculty?

GATZERT: I staff two committees that have faculty on them. The faculty who are on the chancellor's advisory committee for student mental health are incredibly engaged in the work and they're kind of emissaries back to their networks about how to better support student mental health.

MUNOZ: Do you see a good diversity amongst those faculty, do they represent all the different colleges or is it mostly from like one kind of college that has a lot more students proportionally?

GATZERT: I would say just from-- there are probably disproportionately more from School of Psychology although we definitely have Sciences represented, and we have a mix of male and female, and we have a mix, some mix, more white, but we do have a mix of race and ethnicity backgrounds of faculty on that committee.

MUNOZ: So I'm going to maneuver, I'm going to take it down another road, but from your perspective how does food intersect with health?

GATZERT: Similar to how I mentioned how the individual relates to health, there's the social and community part... So there's an amazing woman on staff named Lindy West, who works with some of the staff on campus who have higher injury and illness rate, so for example facility staff and staff in residential student service programs. One of the things that I have learned from her is that your family setting and your social setting have a lot to do with the choices you make around food as well. And even if you're trying to get healthier and know what you're eating. If your family is not supportive of that, it's really hard. And so she's been making sure that her, that she brings both cultural humility and cultural competency to the work that she's doing by thinking about kind of the person, and their- what's their culture say or do around food? What does their family do or say around food? So the individual, the social family, the-- from Trish I've been learning more about the policy level and what you can do on a policy level and then I was lucky enough to get to go to-- an equity and inclusion, diversity and food series by your area, so I got to go to one of the sessions and start to see some of the broader, where people live... And for my public health perspective I've often thought about environmental racism how where you live affects your health. Not only are there more refineries and pollution problems in disproportionately in communities of color for example, but moving to Oakland I've seen there's been, like in West Oakland, there's historically a lot less access to healthy foods and choices. That's probably the other public health level that I think of when I think of food and health.

MUNOZ: The strategic plan for equity and inclusion and diversity seems quite comprehensive, because I think you mentioned something about it. How long did it take to put together that plan and how did it change after implementation back in 2008, 2009?

GATZERT: It took us six to nine months to put the plan together and we both looked at some data, but more importantly, in our environment, the date is important but so is really bringing together our managers here in the building to talk about what are the issues that are seen in the communities that they're working with? What are their staff challenges and needs related to that? So one of the things that was really important to us is that we look at us both as an employer and as a service provider or health care provider and so I think we have-- my boss likes to talk about people "building muscle": professionally as well as physically; and we have a lot of muscle, a fairly good amount of muscle, on how to provide culturally relevant, culturally competent care. We have less muscle on how to hire a diverse workforce, how to make advancement really inclusive, and so I feel like we've made more progress on the work for our clients and a little less progress on how to struggle with these issues as they relate to our staff and we're not alone in that but-- those are our barriers.

MUNOZ: Okay, but how would-- what would an inclusive-- like what is inclusive care, or comprehensive care, look like when it's culturally specific? Like what exactly would go into that?

GATZERT: So there's a couple different things, I think about there's the individual provider... Whether it's a health educator or primary care provider or psychologist really coming with cultural humility and recognizing that there are lifelong learning processes and really wanting to understand the experience and narrative of the person they're talking to, and really factoring that into the whole approach to the health care interaction. Then it's also making sure that we have programs and services that are tailored towards specific communities that are underserved or underrepresented knowing that we, in public health, one-size-fits-all ways/services don't work for everybody or even education so-- we have some student issues that are common and then there are others that really vary depending upon what is your cultural background or the intersections of your backgrounds and so I think those are two of the main components we are trying to foster.

MUNOZ: And from the UHS Strategic Plan, what exactly does it mean to reduce intergroup disparities and is that with respect to race, gender, etc? Because I saw a lot of that in the long term goals of wanting to have that reduced, but I don't exactly know what that means.

SEMERARO: Or eliminated altogether.

GATZERT: Yeah that's the long term. [laughs] Well what's interesting is when we wrote that, the field was talking more about disparities instead of equity so I'll start with where we were back then. So where we were back then, was really looking at different populations by gender, race, ethnicity, sexual orientation, and gender identity and thinking about both their access to services. Were they utilizing them the same or dissimilar rates? Like for example: with our counseling services, we've noticed that if you compare who's coming in and the proportion of the students on campus proportionally, we have less Chinese American and international students coming in for care, so we've had to do a lot of cultural specific things to try and make counseling more accessible to the community. That's kind of how we might look at disparities. Where the field of Public Health is and healthcare is moving, is really talking about health and equity, instead of framing in the negative, framing in the positive. And how do you create equitable access? Equitable doesn't always mean the same thing, it might look different, but how do we give everybody equitable access to health and wellness services?

SEMERARO: So you talked about some of the different-- before about the muscle that you have in certain areas, do you have a little more about how effective you think the plan has been? The strategic plan for equity, inclusion, and diversity. What have been some of the setbacks or challenging things to tackle?

GATZERT: So I'll give you an example in both the service side and then the employer side. As a service provider, I think about work for LGBT students in particular and we have struggles-- we had something happen that really kind of took us into crisis in terms of how the community saw the gaps in what we were providing and so we actually created a trans care team. We brought over an expert from UCSF who helped us put together a team and now we have a team of primary care providers, doctors and nurse practitioners; we've got nurses, psychologists, social workers,

health educators, administrators, person who runs SHIP and insurance office. To really figure out both how to better serve individual students who are coming in, but how to also help the health of the community. So some of our successes are people feeling like there's a team now if they want a team and then getting new health insurance benefits for our trans students so--

MUNOZ: And it would all be covered by SHIP?

GATZERT: Yeah, so now we expanded what kind of surgery is covered, there's now electrolysis-- electrolysis is another example but we've really been able to broaden what the benefits are. We've really made some progress there. Where we haven't made so much progress with that community, though, is people feeling misgendered sometimes when they come in. So we have limitations with our electronic health record system. We're kind of beyond where the provider is, the people who make the software and so we're trying to figure out things like where can we put in the system somebody's gender preference and gender pronoun so that when they come in they don't get misgendered or misnamed. Then we're trying to feed that from the registrar's office but you can only change it once in the registrar's office but people often change their name more frequently than that so we're really struggling with how to have people not be misgendered so much. We've still got room to go with that.

MUNOZ: That sounds like fantastic work, do you think it's, do you see that as something that's going to be able to go UC wide? Or has that already happened?

GATZERT: It turns out our medical director and the person who runs our transcare team were going down to UCLA to spend an inservice day with all their health service staff on trans issues. One of the things that we did recently, we received LGBT health leader status from the human rights campaign. We've gotten it twice now. I just got a call from Davis wanting to hear how we went about that and what we changed to make us better to do that.

SEMERARO: That's great.

MUNOZ: I mean that's fantastic, we also read that you sit on the committee-- well, you just mentioned you sit on the committee for student services and fees and are interested-- and we're a little bit interested in hearing about how the benefits and challenges-- what would be the benefits and challenges of doing that kind of work and how often do you hear student concerns or how involved with a student in this committee meetings?

GATZERT: And are you thinking about food specifically or just in general? Because there's some food that overlaps.

SEMERARO: Exactly.

MUNOZ: Wherever you see those overlaps.

SEMERARO: Right, anything that has to do with tuition and finances overall and ends up impacting people's food security.

GATZERT: So there are-- let me just make a note, so there are some different kinds-- I know I'm being recorded but let me give you a visual.

SEMERARO: That's ok.

MUNOZ: That's fine. I'm a visual learner anyway.

GATZERT: So there are a number of student food committees that have discretionary funds and two of those, I've watched fund food-related projects. So one is the Chancellor's Student Advisory Committee and student services and fees which gave both one time start up funding and ongoing recurring funding to the food pantry and help that get off the ground. Then the Wellness Fee Committee and the Wellness Fund Committee not only funded the nutrition peer education program, but they're funding a basic needs screening that Ruben and others are developing so that students come to Cal, they'll-- as part of, kind of when you first come in and you're a first year student and you have all these things you need to do like decide what you're going to do about insurance and register for your classes, there's going to be a basic needs security screening and so the wellness fund helped fund that. Those are two committees that have students as majority voting members. One of the things that we've worked really hard to do is we're trying to lower the barrier to entry to getting the

grant funds so you don't have to have grant experience, writing experience to apply and get funded but we're having to build some accountability and so we're building in midyear and end of year reports. We're kind of coming at that in both directions and then I don't know, in terms of housing, the campus based fees on your CARS bill, there's a Berkeley campus fee that you pay, it's a couple hundred dollars a semester and a new referendum was just passed around housing. So, it's not food but if you're talking basic needs-- so I've watched people use the mandatory campus based fees as a way to start looking at basic security needs.

MUNOZ: How is that though?

GATZERT: So students or departments can run a referendum, for example, the wellness fee didn't always exist and students from the ASUC, and the graduate assembly, and then staff from Rec Sports and UHS and Equity and Inclusion, met for a while to talk about what were the wellness student needs on campus and then they decided to run a referenda that students would vote on whether or not they wanted to tax themselves for more wellness services. They're honestly, the students on these committees struggle. It's like on one hand they want to choose where their student fee money is going and if there's a gap they both want to fund it, especially-- I've watched students who have a lot of advocacy and social justice [experience] use the campus base fees as a way to make progress on campus. On the other hand, they're going "the campus should pay for these things so why are we taxing ourselves?" and so there's a tension there. That exists but you asked a question specifically about the students I think who sit on those committees, what was your question?

MUNOZ: I was really just asking, I mean how often are these students voices heard? But if they're the ones, if it's a majority vote, I mean, that's pretty involved so, that's pretty great though.

GATZERT: Right!

MUNOZ: But we also, so along with that, there's that committee, and we also read that you're on another-- you're on a lot of committees, [laughter] you're a busy lady! We also read that you sit on the committee on student mental health. How long has that committee been around and what are the initiatives within that group?

GATZERT: So that committee has been around for maybe fifteen years or so and in the first decade it was really about how to secure funds for student mental health services on campus. A lot of that was, I mean, students are both coming to Cal with more student health concerns and developing more while they're here than in the past. Don't know all the reasons why and there's a lot more demand for student mental health services than there have been in people and so we worked, people before me on the committee worked really hard to lobby the UC Regents and the UC Office of the President as well as campus administration to secure more funding for counseling, for Psychiatry, and for one of the programs that has been more successful, and especially in reaching underserved populations, has been the satellite locations. So we have ten satellite counseling locations on campus where students can get Services. So in Cesar Chavez, International House, College of Engineering, and there is not only kind of, can you have a formal counseling session but we developed a program called "let's talk" so for students who just need a quick informal check in or they thought about counseling but it's a scary thing so maybe they could go meet somebody first and check it out. So we have these satellite locations that have gone really well and so another thing that the committee ended up doing was really help us go from one satellite to ten. We're about to open the eleventh in the Graduate Assembly Office.

SEMERARO: Sounds like that really helps reduce any stigma there is around; just being all over and more casual.

GATZERT: Yeah, that's our hope.

MUNOZ: But what role, if at all, do food related health issues, and specifically food security play into decisions on that committee? Like is there any intersection between that or is it more so about general counseling?

GATZERT: So what I didn't say is kind of, what have we been doing the last three to five years which is looking more on the campus environment. So as we got more funding the last few years and we wrote a white paper on what the sum of the stand mental health needs were on campus and we identified five areas to work on and I would say housing got prioritized, not that food wasn't an issue, but when you look at both undergrad and graduate students and the cost of housing here, it got that there was a graduate student wellbeing survey that was done and one of the reports found that there was a large connection between housing and overall index score around well-being and so that got--

SEMERARO: What sort of connection? Between not knowing where you're going to live or not being able to stay in the same place or just being worried about having to pay? or any specific housing concerns?

GATZERT: I don't know if the report got that deep, but of the things that happened, the student health advisory committee meeting there was a really powerful slide that a member of the graduate assembly made that says "this is how much a graduate student instructor makes a year. And if you have a family, here's what you have to pay for rent and your kids" and all of that. The disparity between what they make as graduate students instructors and what their costs were, especially with the family, the gap was huge and it was very eye-opening to have somebody display it that way and so--

MUNOZ: When was that survey done?

GATZERT: I can send you, do you want me to send you the link to that survey?

SEMERARO: Sure!

GATZERT: Okay, I can send you that, it was done 3 or 4 years ago.

MUNOZ: So that was one component of what's been going on or what kind of the shift...?

GATZERT: So we had shifted from trying to secure funding for more individual based services to look at how can we support the population? And that's where we want to take more of a look at academic policies in the academic environment and a variety of other factors.

MUNOZ: Okay, it sounds like it's really flourishing quite a bit this committee. To be able to go and have a ten-- eleven satellites or satellite counseling centers that's pretty great.

GATZERT: Yeah, the committee has definitely... Every three years it has a really big kind of achievement like in a major way -- they make steady progress and then you get something like the satellite clinics or the students of concern committee. Are you at all talking to the students of concern committee? That office?

SEMERARO: No...

GATZERT: So there's an office in the Dean of Students portfolio called the Student Case Management office, and that's an office where if a staff member or faculty member is concerned about a student they can, not just kind of consult with somebody, but kind of get a team of people who aren't bound by confidentiality like we are, know about that. I've heard them start to talk about there's more students being identified through that committee with basic needs security issues so they just might be, as you're looking at what's a newer office on the landscape and what are they saying, Alfred Day is the contact for that.

MUNOZ: Thank you, so what was the name?

GATZERT: Alfred Day.

MUNOZ: Ok, thank you very much. So we just have one more question left and that was what is a memorable moment for you from your career here on campus related to food equity and inclusion? Or just in general?

GATZERT: No it really was, it was interesting, it was a series of a few meetings where the food pantry had received grant funding but it was just kind of sitting over in the ASUC and I had to be the one to kind of do the "If you don't use it, you're going to lose it. Who do we need to get in a room to make this happen?" So I kind of helped literally schedule the first couple meetings and figured out who to get in the room and then I didn't have to do anything after that because Ruben and others just kind of went with it but I had to kind of do the "let's use that opportunity and you really need to use this money." So I feel like I gave them a little kick at one point and helped put the right people in the room.

SEMERARO: And was this very recently in the new ASUC building?

GATZERT: No, it was actually before the food pantry existed.

SEMERARO: Was it only in Stiles Hall before it moved?

GATZERT: Yes.

SEMERARO: So before it got into that initial space?

GATZERT: Yeah, this is before we had a food pantry because the money was just sitting in the ASUC and they weren't using it. It was an idea that didn't have a structure and that's when Ruben came in and really, not only did his community organizing, but we got it. We got an infrastructure created and so they ended up having to come up with a plan before we released the money and then they had to report back one more time before we'd release the rest of the money. I got to just meet some really amazing people who care really deeply about their fellow students or the students that they worked with.

SEMERARO: And just knowing where this all is, where basic needs is right now, with the food pantry, that seems like a pivotal moment and a whole process to get to where we are now.

GATZERT: Well if I did anything to help, I'm glad!

MUNOZ:

Of course you did! Thank you so much, I mean thank you again for your work with UC Berkeley and also for meeting with us here today. That's all we have for you.