BFI Foodscape Mapping Project – Oral Histories
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Transcript of interview conducted with
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MUNOZ: This is Nathalie Munoz and Natalia Semeraro and we are here July 17th, 2017 in Berkeley Ca, at University Health Services, with Paula Flamm and Cathy Kodama. So Paula and Kathy, what are your roles here with Health Services and how long have you been working for UHS?

FLAMM: This is Paula and I manage our Social Services unit here at the health services and that is a group of mostly social workers and dietitians, who do one on one work with students, though most of it is in the clinical realm, there is also an outreach component to the work. We do a lot of specialty counseling, we have particular topics that the social workers and therapists have expertise in. As opposed to being generalist counselors, which we'll find more in the counseling unit. And of course our dietitians do both clinical nutrition management, as well as more wellness education so there's a range we can talk a little bit more about. I have been here for 31 years in a range of roles and when I started I was doing much more clinical one-on-one work and direct service work and now i'm much more administrative.

KODAMA: Cathy Kodama, I'm the director of health promotion, which is the prevention wing of UHS, that focuses primarily on students. We do have colleagues that do prevention and health promotion for faculty and staff.we work closely with them but that's a separate unit. I oversee 5-6 staff members who are mostly health educators like myself, but people come from a variety of disciplines. and we are very engaged in everything from the most individually based health promotion, which would be things like pet hugs, massage chairs, health information, free condoms, health coaching, which

is probably maybe the most relevant to some of our discussion here. From a health promotion and education standpoint, students can speak individually, but we are now moving towards outreach. Just about healthy behavior change and healthy lifestyle change--not specifically counseling but "oh I'd like to reduce my stress" what are five tips? and how can I incorporate those changes and look at the barriers and look at my existing strengths. So it's very much a one-on-one model but in wellness frame. All the way up to what we call health leadership; which is how do we identify problems or issues on campus that could more healthy? So that's everything from collaborating with our faculty-staff colleagues on food availability, and what does it mean to have hydration stations or vending machines or food policy to looking at student stress. Not just how students manage their own stress, and where does the stress come from and is there anything that is built into the campus faculty we could get to address. Sort of a whole range of very individual to very (we use the term environmental, but we mean social, environmental). I've been on campus for over 35 years.

SEMERARO: So you weren't always the director?

KODAMA: No I wasn't always the director. I went from being student volunteer, to health educator, to junior manager, to director.

SEMERARO: We would love to know a little bit more about what got you interested in working with Health Services. Specifically maybe at UC Berkeley or why you wanted to work at a college, University setting. Or just how you got here, maybe that wasn't what you intended.

FLAMM: My path is long and winding, But, I always had an interest in health and back even when I was in social work school, getting my graduate degree, I was debating whether to get a public health degree at the same time. Because there was a component of my general interests that I thought, I need to end up in that world. So when this opportunity came along actually to work at Berkeley, it felt like, a great match. I initially worked in the Tenderloin, and prior to that in a hospital setting. I worked at Berkeley, the Women's Clinic, what was it called? Right the Women's Health Collective. I volunteered there. our executive director also volunteered there, years ago. We didn't cross paths, well we didn't know each other if we did. It just was something that I knew I wanted to be part of my career. I was always looking for how to promote women's health specifically and that's

where I started, was really women's health. Pregnancy counseling and different... When I started at Cal it was actually when we still had a clinic on campus that did abortion care at Cowell hospital. And that was my initial role was working in that whole world of pregnancy counseling and support for students who were making decisions, so very far away from nutrition and food but that was how I came to the University and then the job just changed and took all kinds of avenues.

KODAMA: I fell into the health education, I had never heard of it before. I was an undergraduate here at Cal, and I actually, I don't know if you know this Paula, I had a personal experience with a counselor in what later became your unit and it was so impactful. I had never seen a counselor or thought about talking about my feelings, but it was so impactful that I ended signing up for the contraceptive clinic volunteer program which is now called SHEP. And just a way of giving back, I wasn't interested in a career. But two things really struck me that I loved about this volunteer work that led me to this career of public health and on a college campus. You were dealing with individual human issues and it was political, because this was the 70s and being engaged with birth control education was political. Consumer health, women's rights, taking away the power from the medical, it was all super political. And I knew I wanted to do something that was individually helpful but also political at the same... I wasn't going to just do one or the other. I'm saying that, because I feel that that's really how we prioritized, but I believe the health service prioritizes our work at that level as well as my unit in particular. Help people while they're here: give them a pet hug, but what are we doing about the political realities, the socio-cultural environment to make them better? Whether it's from a social justice lens, or basic needs lens. Any kind of or just strictly what is it about the campus environment that is healthy or unhealthy for everyone who's here.

MUNOZ: So you just spoke on kind of what your personal mission was too, yours was in women's health and your's was more in, could I say, reproductive health?

KODAMA: I started off in reproductive health, but it really was using health as an agent of social change. Both as a focus of as well as a calling card.

FLAMM: That's well said.

MUNOZ: How would you say you try to prioritize that within your role at University Health Services or how does that most come through in the work that you're doing?

FLAMM: So interesting because everything we do in our unit, I feel touches on this. We work with students who experience sexual violence and partner violence and we work in substance misuse, which impacts one's health and well being and helping students to make healthier decisions around their use. We work in health in general, so part of what we do is counseling for students with various health conditions. Whether it's a new STI diagnosed, something that is lifelong, chronic and that they have to learn to manage moving through life, and how do you do that on a college campus where the expectations are sky high and somebody maybe looks perfectly fine to the world and gets a lot of push back around needing accommodations or needing special care? And also having to make decisions around, I really want to go out and do what my peers are doing and to take care of myself means that I cannot do everything that my peers are doing.

MUNOZ: Hardest lesson I've learned here so far.

FLAMM: Interesting, yes! And how does one find some peace with that and how does one prioritize self care? With the demands that they're getting from the external world. A lot of just being able to learn new skills and help facilitate that: whether it's a meditation skill, or a relaxation skill or just a decision. I can only do half of what my friends are doing, so how do I pick which half? Because if I do one hundred percent, then I'm going to be in bed for the next three days. So there's all those kinds of considerations and so a lot of the work we do, either one-on-one or in groups, is to figure out, to help connect with those students who may be having similar struggles. To be able to learn from each other and get support in that process. So that's one. The other place that think that we've seen this come through a lot, or at least I have over the years is I'll be seeing students who are trying to take care of themselves, but don't have the resources. Maybe we have a student with diabetes who needs to eat a certain high quality level of food in order to not have to be on insulin and they don't have the financial capacity to do that well. One of the ways I know I've advocated over the years is to get budget adjustments for students who have a situation, a health situation, that demands better nutrition and it's not just a good thing to do, we all want to do that, but it's really a necessity for them. To find ways to kind of work systems and work the bureaucracy to support students in

that.

MUNOZ: I didn't know that University Health Services was that involved, that you could get involved in those kinds of specific things, but that makes so much sense.

FLAMM: Yeah, we do. Writing letters, for some students helping them get on social security disability. Figuring out who qualifies for that and where that can be a way of getting some ongoing support. So there's lots of different roles we play. There's counseling and then there's this really practical what's available ? How do we connect students to that? Which is just kind of social work, social justice norms. So you look at what systems are out there in the world that are going to support the human and how do we connect the students, in this case, to those supports.

KODAMA: Well, I'm going to add, Paula, in your work, that it's helping people navigate systems and navigating it for them to some extent. But also changing the systems, I think you're really good at saying, "ok this is the fiftieth" person we've had that couldn't get a medical withdrawal because of a glitch" or you know something... And that's a problem upstream that we have to do something about. So not only helping people downstream with the bureaucracy of the world, but looking at where can we send a message upstream to make a change. That check box has to be a little different. Sometimes they're very pragmatic changes that can have a ripple effect in a lot of people's well being.

FLAMM: And I think that's what a lot of the basic needs work is right now, too, is how do we get upstream on this? Because it's not just about continuing to hand somebody a food card or a box of food. That's great and it's wonderful that we are able to do that. It's not upstream and I think that's probably where the work is.

SEMERARO: Just taking a little bit of a broader perspective, can we hear from both of you about where you think food intersects with health or how food intersects with health?

KODAMA: I just think in every possible way. If you are looking at it as a basic need, as an empowerment choice that people... we are always encouraging people to make positive choices, within their means and hopefully people have more means. I think this is also a really key element of evaluating the campus environment, or the global environment, in terms of a place where availability, resources and availability, really come into play. That's true of

every possible health and wellness issue, but I think it is the most obvious in some ways with food because, it's something tangible. What's in the vending machines, what's at the height of the person who's trying to grab it? I'm interested, I like working with food and nutrition, because it's an arbiter of people being able to look more environmentally at issues. I think it's just again an easier argument when you talk about something like vending machines and healthy choice. Oh I get it, it's not just about educating people to make a good choice if the choice is not available. Key to people's health and wellbeing, but is also a great place to deal with the public health approach to making change.

FLAMM: So I'll add to that. I know Toby will talk about this, but one thing else that we've seen is a lot of research that shows when people don't have adequate food and nutrition, it's a precursor to eating disorders or disordered eating. That studies have shown that if you've got somebody who's having to skip meals, and then when they have resources, they tend to overeat and not make good choices necessarily. It just sets somebody up. Eating disorders are hugely problematic. In the population at large, but also a real risk to someone's well being. We see everything from, well the most extreme being that someone will die from it, and we've had deaths. So it's really something that we try to get early and intervene early, because the earlier you can intervene the less likely it's going to be a lifelong problem. But for many students who we see who've started with this unhealthy approaches to food, because for many reasons, but often environmental, by the time we see them the behavior and the patterns have been there for a number of years. So they're already at risk for not getting a full resolution. So we want to really get in there as quickly as possible. One of the things we haven't been able to do is a lot of outreach on this, because of capacity. We have capacity now, because of a wellness grant. We're really excited about some of the work we're going to be doing this year on campus and I'm going to leave that for Toby to describe more.

KODAMA: I remember a story once from health coaching years ago, before we had really grasped the reality of the basic needs. Karen, our health coach, was telling me about a student, she had a meal plan and she only had two meals. The meal plan was limited in that she only had two meals. And so she ate these gigantic meals, a huge breakfast and I think she was too busy to come back for dinner, so she was trying to eat everything she could at the one meal she was really able to have.

FLAMM: One sitting?

KODAMA: So Karen at that point was not really grasping the financial aspect and saying, "well can spread it out?" "Well I can't afford to do that, I have to eat one big meal, because it's the only meal I have the time and money for." That's not good for a lot of reasons, but it establishes a type of eating that's not the best for your health and energy. The other couple of things that I'll say about obviously basic needs and people's stress and academic success, all those things would relate there. If you really are having to prioritize how and when you're going to get your next meal, it takes away, not only physically takes away from your mental productivity, physical energy, but also it just drains your thinking process. And just the stress of being basic needs insecure adds to your academic stress, which is something that is a big priority for me to work on. Which is how again do we change the academic culture to not require so many late nights and so much meeting, so people can have time to pay attention to their basic needs and self care. How do you access, even if you have the money, how do you have the time to eat regularly and on a good schedule that is what your body is wanting, as opposed to when you can cram it in between your three jobs and your five midterms. All of it is very much tied into, of course a mental health component, which is just one way of saying you miss students overall wellness and wellbeing.

FLAMM: I know I've talked with students over the years who prioritize going to events where there's food in order to be able to eat at those events. People get creative and do what they need to do, but if you need to do that then you might be again, it may be impacting something else that is actually more critical to the education, but feeding themselves becomes much more important. We see that and we see...

KODAMA: Academic?

FLAMM: You've already said that I think, totally. If you don't have calories and you're not being fed, then you're not thinking well and you're not producing well. That's just a no brainer.

KODAMA: I guess the other thing is, this is in the sunnier days of campus health promotion, we really thought our main mission was to provide an environment where students could make, could learn to make healthy life decisions that would stick with them for the rest of their lives. It's a great time do that, you think about

traditional age students, going away from home for the first time, that sort of now antiquated model of college life and it's a great chance to not only learn how to have good relationships and develop your sexual identities, if you haven't already done so, and greatly expand your mind and think about things like food and exercise and all these other behaviors-- like relaxation. Again, that's still an important part of our mission, but it's really been affected by the fact that very few of our students are really in that golden period. But food's a key, eating, cooking, making healthy decisions about your future. It's a key part to all that sort of basic wellness life stuff that we still really want to prioritize with students, but I think we have a more sophisticated knowledge of the external influences both of the world at large as well as the campus itself that we need to address. It's not just enough to work with individuals to make healthier choices, we have to also look at the environment.

MUNOZ: While you're saying that you're looking at that, how would you see then University Health Services accommodating for those things and also for the diversity of the staff and students, when you those different levels of issues within them? What I mean to say is, it's kind of going on to the next question, but also trying to talk more into that: how do you see University Health Services helping such a diverse body of students with respect to that? And how is it different with respect to, working with staff versus working with students?

KODAMA: Maybe I'll start by saying one of the great things about University Health Services as an organization is that we do serve faculty, staff, and students, not exactly in the same way, but when we meet and plan we are always thinking about all of those populations, again to a greater or lesser extent depending on the issue or who's at the table. We're very multidisciplinary in that way and I think we are very multifaceted as an organization where we're always bringing each other's tasks up, but what about the disabled students or what about the black students, or what about women versus men, or what about Trans students? While we're not perfect by any means at how we address campus diversity, we take it as a very high level mission to do our best to at least acknowledge the different populations. How do we go about doing that with our limited resources?

FLAMM: It sort of depends on what we're talking about. So from one-on-one in nutrition, we're looking at a place starting with what do you eat? What's your diet? What kind of foods do you

like and were you raised with? Starting really personalizing conversations to include things that are familiar and not in saying "well you gotta be eating x,y,and z," which is a food that doesn't belong in someone's bandwidth. So there is the kind of one-on-one piece that I think we do, and think we try to infuse the same thing when we're doing outreach. Bringing in foods from a variety of backgrounds and cultures and maybe introducing something new that someone hasn't tried before, but at the same time also making sure that there's just a range of things for people to choose from. I know Trish has done this with the dining halls to make sure there's selection and ways for students to find things that are a comfort food even. That fits their daily, their tastes and what they're after. And that's one way. I also will say that in terms of the staff here, I think we have a pretty broad staff, we incorporate into our hiring questions on multicultural identities, diversity, we're looking for that and we're trying to always recruit and hire people with a range of backgrounds. So that students when they come here can connect with people hopefully who they can connect with, who are similar to them and maybe speak a language that's familiar to them. We have a number of folks who are bilingual and trilingual. Again, as Kathy said, we are not at the top, we are not where we want to be because it's hard, it's hard to do so and sometimes we end up having to prioritize one thing over another, but it's always in our mindset when we're bringing folks on board. And then our training, I'd say, absolutely incorporates both language and thoughtfulness around how do we meet the student population and the staff population this way. I know in the counseling arena, we bring on trainees every year, and that's one way that we broaden our diversity too, because our trainees are always fascinating and from all kinds of wonderful, different backgrounds. It enriches our staff and it also challenges the staff who are here to broaden their mindsets and education, because they're new and they're young and bringing the newest ideas and it's one way we do it.

KODAMA: Well I'll jump in on that model to say, I was going to say this in regard to an earlier question, as long as I've been involved in the health services we've had a community organizing, community development model. A lot of student peer educators, student advisory teams, we've had times of faculty-staff advisory teams. We're extremely collaborative in our approach, typically to campus-wide issues, but even to in-house issues. I mean people

tell us what we're not doing a good job at. We're probably more semi-permeable to those kinds of inputs maybe than other, I won't compare to other campus departments, but we kind of make an effort to, even if we can't meet all of the goals and demands, we really take them very seriously. Whether it's a women's health issue or providing care; free menstrual supplies asan example. Well let's hear it out, we may not be able to do the full bore of what they're asking, we're not the campus that's responsible for all campus bathrooms, but what role can we play to really move towards these new initiatives? I really feel like we very seriously take on the role and the needs and the advice and the demands of the populations we serve.

FANSHEL: Is it ok if I interject with the following question? This is Rosalie Fanshel, I find this very fascinating that the University Health Services has been such a campus leader and it sounds like from the early days, having diversity equity and inclusion built into the mission of the health services and as we speak with different staff-- you say you've been here 31 years, 35 years, this very long term commitment and engagement to this department which is also quite unique, that so many people have been here for such a long time. Why do you think this is? How is that University Health Services came up with this mission? What's the history, how did we get to where we are here?

FLAMM: What's the history? I think it's part of the campus mission. So as an organization that supports the campus, and we take that very seriously, I think it started very early on. And the challenge was, at least early on when I started here, staff wasn't that diverse, not nearly to where it is today and so it did take people's commitment to say "we're gonna walk the walk, not just talk the talk." And challenging each other and having students challenge us over the years and I think that all helped. There was no [Equity and Inclusion (E&I)] department on campus, so having seen the campus change over the years and the priority of the campus I think has been a factor. What else?

KODAMA: I think our leadership over the decades has been a factor. We've often had, we've always had very visionary leaders. When I came on board, our executive director, who's also a medical director also had an MPH, which I feel like just gives that slight, you know, mood and they have that vision. And then we had an executive director who was a health educator and not a physician or medical person and then Steve. In fact, we have not had a medical, not that it would be either or with a medical person, but

whereas a number of other health services on campuses are more medical, they're more medically or clinically oriented. We've always had a very broad mission to be about health and wellness on campus, even before wellness became a buzzword and even before we were joined by mental, by the counseling service, but that broadened even further. The idea that you have integration of your approaches and a broad reach has been a part of that service mission from the very start.
Paula: And I think Steve in particular, I think he was very aware that if we were going to be valued by the campus, and respected for our leadership role we needed to figure out how to support that mission of the campus and not just be in our own little thing over here off to the side, you know treating colds and flus.

FANSHEL: Is Steve the current executive director?

FLAMM: He is no longer, no right now it's Claudia Covello, but he was the previous one.

KODAMA: And in fact Steve was key to developing the E&I, division of equity and inclusion. A lot of his initial work in his role was to look at healthy communities and how can we have a healthier community that embraced diversity. And after that initial work, the E&I division came so we take some credit for that. Not all the credit of course.

FLAMM: He did have a role.

MUNOZ: So with that, what has been the University Health Services, once they realize there is an issue of diversity equity, and inclusion, what have been some of the approaches taken to address those issues, as they've changed over time? And in your opinion, how effective have they been? And if not, what could be some of those setbacks?

FLAMM: There's a range of things, not one thing. We have a diversity committee, here at Tang, who tries to take a look across the board at things we could be doing and improving. We've done everything from surveying, to staff training, to how do we make our hiring committees more effective? A couple of years ago we all went through training by equity and inclusion. They came in and did a series of trainings with all of the staff. We infused it in our continuing education, so both the medical and the mental health staff have ongoing continuing ed, and as a part of that, when somebody comes in as a speaker we ask them to address

something that has something to do with cultures and identities and infuse that into their... even if they're talking about how do you fix a sprain, is there a way? is there a piece here that's relevant? Certainly easy in the mental health side.

MUNOZ: When you mean speakers, you mean speakers that come and speak for the staff?

FLAMM: For the staff, yes!

KODAMA: We have a couple of programs that are weekly for professional staff training.

FLAMM: We encourage staff to have that as part of their professional development goals. As a manager I know that when I'm meeting with somebody each year for setting their goals for the year. It's one of things I'm looking at. How do we grow this person in an area where maybe they could be challenged a little bit more? So there's that way to do it.

KODAMA: Our student health advisory committee has grown from being students who are interested in advising the health services and kind of random, to really being organized around students who represent students of communities. I think there are thirty people, so it's a lot of sub-communities, but it's really understanding that one student or one student group doesn't represent everything, but at least how do you get that voice to the table? And charging those students with well you better go back and ask the other three student groups. What kind of health issues do you know about, how does this handout work with these student groups? Being quite serious and intentional about finding places where we can get some aspect of the diversity populations we serve into the room, to advise and critique and review and plan with us.

FLAMM: I think that's been really effective

KODAMA: Yes, I think so too. I would say the place where I would like to see us do a lot better, and we won't get into the challenges of that today probably, is in our overall staffing makeup. Because in particular our clinicians and providers, you had talked about the great thing about having interns, and field work placement interns, who are quite sophisticated, and maybe getting extra hours and what not, is that we can bring in a more diverse group, but its quite challenging with our current salary structure and other things to bring in an extremely diverse group of providers. I think that is one of our biggest gaps.

FLAMM: And it's a money gap. It's a salary gap, they can make a lot more money elsewhere and so they really have to want to be here and work with this population and maybe it's a lifestyle choice for some.

MUNOZ: But that's fantastic. That sounds really intense, that's a lot of training.

KODAMA: It's a big priority, but there's always gaps. So I think you talking about prioritizing certain things over the others and we have tried with our E&I initiatives. To think well this is the year we are really going to focus on trans students and not that you wouldn't keep focusing, but we can't have 15 committees working full bore on all these, so maybe that will be kind of sustained and then we'll focus this year on how we're working with international students and get a little deeper into that. We kind of try to you know do a bit of a cycle where we keep coming back around. Our communications manager does what she calls 360s, several a year, more than that where she'll meet with specific student groups and she'll say, "how do like the health services, where are we serving you well, where are we not serving you well?" And not just affiliated student groups, but random students who self identify with that community. So we're always trying to do better.

FLAMM: Yeah we're always asking the question, we still ask the question: for students who don't come us, why didn't they come to us? And it's hard to get that information. It feels a little anecdotal a lot. That's one of the things that I think Kim's often trying to figure out.

MUNOZ: What have you seen mostly, is it mostly an issue with time or is it a scheduling issue most of the time? do you see students not being able to come in?

FLAMM: It's not one thing, but I know for graduate students, one of the things that I do hear is, "you know I've got my folks at home, I'm just going to see them on the breaks" and unless they're really sick they don't come in. They just plan all of their preventive health care when they're home. For some students there is still this belief that if they have waived out of the SHIP plan that they can't come to Tang. No matter how much education we try to do on that, there is still this idea "well I don't have SHIP, I can't come there."

Which is not the case, all students pay fees and are welcome to come here. But there is this mindset I think sometimes when students have waived out that they need to go elsewhere.

KODAMA: Ever since I've been involved in the student health, in fact as a student, there is misperception, perhaps not misperception of student health, that we're not really doctors that it's just a room behind a curtain like maybe you had in high school. Often when people come to the building that will be a big "aha." Wow we have pharmacists, physical therapists, but people have an interpretation of what college health is. I'll just throw in there just to remind us that when we talk about the work of the health services, a lot of it is people who come here and come into the building and get services here, but a lot of our work is not only outreach, but back to the campus environment piece. For putting efforts into the smoke free policy, some people may not have ever heard that. I mean I'm okay with the fact that some people are advantaged by our work but never have come here, heard of us. Because a lot of our work is about trying to change the campus environment, make the campus a healthier place as well as coming in and getting direct services.

SEMERARO: As a student, I knew about Tang but not about University Health Services. That's such a--

FLAMM: Broader...

SEMERARO: Yeah! You don't know about, what does that even mean, what do you all do, but now through this obviously, I do.

FLAMM: Water stations, the lactation rooms on campus, I mean we've had hands in all of these things.

SEMERARO: Do you think you could tell us a little bit about what you see happening next with the University Health Services? Maybe, I know you talked about recently more funding that came in, but we could talk to Toby about those specifics, but where do you see University Health Services going next?

KODAMA: With regard to food?

SEMERARO: Specifically with food, equity and inclusion would be wonderful.

FLAMM: We just implemented a huge initiative, which is our collaborative care model in the clinics, and I feel like it's important to state even though it's not specifically food, because it is the whole person.

This model puts mental health in the room, right in the clinics with the medical staff so that the student who comes in and they may come in for a sore throat, but turns out [that] something else emerges in that visit. They're not sleeping, or they're anxious, or they look depressed. The clinician has an instinct that something's not right here, they can immediately offer to have a quick session with a behavioral health specialist who can do a little bit more of a "what's your stress level, what's going on, why aren't you sleeping, are you eating well?" And do a more, a fuller assessment of the student's well being. Including, are you eating regularly, are you having financial strain, are there other things going on here? And then depending on what they identify, connect that student with appropriate resources. Either directly or in other units in the building. That's been a three year process for us to get to that and it's now up and running and we're hugely excited about that.

KODAMA: I think I'll just say with regard to that, I think we're going to be identifying a broader range of needs and serving a broader range of students with lifestyle and mental health issues that wouldn't come in the other door. So, what's the barrier for students? A lot of people have stigma about mental health services, for example coming in for a cold or headache or stomachache, we all do that as a doctor or as a nurse, and the idea that we could capture those people and help them in a broader way than just a fifteen minute medical appointment without them having to make another appointment they might not ever get around to doing. I think is both going to serve a wider range of students, I think it's going to open our doors wider, it's going to help us identify a greater number of larger issues that we'll want to get out on campus to solve or to address. And so I'll say what I really feel, particularly since there's so much work happening now with the basic needs security and the food availability, all of this. I'm going to just say, I've set as my aspirational goal to get engaged in somehow is, this came up in the E&I workshop, where students said "why can't we get to where food is seen as a health issue and not as a cost center, a money maker?" And I just have never forgotten those words. What subtle or massive efforts is going to take to switch that narrative to where decisions are made about food, for example, as well as sports wear and everything else, that really is based on health and wellness and not seeing health and wellness issues as a money maker.

FANSHEL: And I remember in those workshops, that response, I think that Shawn Lapean from Cal Dining was there and was like, "yes!"

Because as executive director, he was tasked with making sure that Cal Dining made as much money as possible at sports games. It was seen as this way to bring money in to fund so many other programs, which just, how do you reconcile those two pieces?

KODAMA: You can't fight that battle if there's not an acceptance of that philosophy at the highest levels. We're engaged in a number of wellness strategies that are really about changing the dialogue to what does it mean to have a healthy campus. I sat and spoke with one of the deans of one of the schools and said we really should be able to put wellness first, even above academic excellence. And what would it mean to do that?

FLAMM: I've seen athletes who don't have enough to eat and I'm just amazed. How are they performing? I had somebody who was sleeping on a mattress on a floor and he had nothing, it was appalling. This is somebody who was recruited and brought in to make money for the campus and wasn't being supported in basic needs. It's just a single example, but it was a learning curve for me, that this is going on. And it absolutely needs to change. So how can we influence that? I think the fact that the whole basic needs question has grown to the kinds of dialogues we're having is tremendous.

KODAMA: It's a game changer.

FLAMM: I do see that that will continue now until we get a handle on all of this.

KODAMA: Part of the, and I think it is incumbent on all of us to figure out how do you also put a dollar figure to that savings? Quick example, big brouhaha, someone saw a billboard down by the Oakland Coliseum that was a beer bottle with a Cal logo, advertising Budweiser; "come to our football games"-- which is strictly against campus policy. The faculty members were writing angry letters and we were writing angry letters. [A campus decisionmaker said, "well that was a 300,000 dollar contract, of course we won't continue it because I see it's against policy, but we need to find other ways to get that 300,000 dollars." And we are saying:] "What about the cost?" Here we're sitting around a table, you know there were fifty of us or whatever from all over campus, are each of us spending an hour or two hours on this? What about the students who get transported? What about the cost of having alcohol problems? Not just the money you can put in your pocket from running one ad. I do think this idea about

the humanistic element of course is important, but how do we talk about the cost of not putting health first.

FLAMM: I've seen something else coming down the pike. There are some academic decisions that are being made at the administrative level that are trying to put more pressure on students to finish, to move through the campus quickly and to finish in order to create more space and so on. I'm very worried about the impact of that on students' wellbeing. I think one of the things we're trying to figure out is how can we influence some of the decisions that haven't been made yet, that are under discussion around that? And I see that, one of the ways I see that playing out, is that more students are going to be coming in for medical withdrawals. As a way of one: addressing some of the health impact that's having on them in the moment, but also as a way of basically using the system that's set up to buy more time and extend the stay here, because the medical withdrawal won't count as a semester against somebody. We are responding, I think, to some of what's floating around right now and we have a lot of new administration and so we're also in a bit of a wait and see, where does this land?

KODAMA: How can we incorporate that type of review into campus policies that actually have an impact on the health and wellness? They're not geared to address that, but how could they be? Because students will tell us all the time, "oh yeah that policy, man we're all so stressed out. If we don't get our financial aid done in time, we're going to have to drop." The benefit does not outweigh the cost.

[Portion deleted]

MUNOZ: On a higher final note, what is a memorable moment for you, from your career here on campus, related to food equity and inclusion? Both or just a memory that has stuck with you as being impactful throughout your career?

KODAMA: I can think of one and it relates to how we just appreciate how we all got here. I first learned about food insecurity after decades of being on campus from one of our health coaches. About four times in a row she said "you know I had another person who can't get through the day without eating or I had someone else..." So we're thinking about it at the individual level and we ended up going out and buying and donating some gift cards to Trader

Joe's, because she said these are people who can't even afford to buy snacks to tide them over for the ten hours they're actually on campus. We started with that, eventually we're like this is a little too much, shouldn't someone be doing something about this at a higher level? But at that point, we were still thinking about how we could help the individuals. She was working with a graduate student who stimulated this and went out and bought these gift cards and she gave one to him. And the next time they met he came in and said "you know I really want to thank you, that gift card was just enough to get me to focus on going in and buying that box of trail mix or snack things and now I'm really devoted to doing that and I'm going to figure out a way to scrape together the money because it really made a difference, just that one thing was enough." And she goes, "well, you know, would you like another one?" And he says, "no, no I think I can handle it save that for someone else." And I thought, oh my goodness, the power of a ten dollar gift card to help someone make a choice, to allow someone to make a choice that they could then find a way to sustain, is really a beautiful story.

FLAMM: It's hard to pick one thing, because I've heard a lot... From the University Village with their families and their kids then running out of money and they have also set systems in place there with food cards and having food delivery now regularly at University Village once a week, so that's been very helpful. But one story, this is a little one kind of similar to yours I think, that stays with me is: we had a student who also was here one day who had eaten nothing that day and one of our nurse managers handed him $5 and said "go downstairs and get a bagel and cream cheese"; we had a food cart out front at the time. Get something to eat and he did. What struck me though was he came back the next week with the five dollars, he repaid her-- it was just so touching. She didn't mean for that to happen, but it struck me of the caliber of our students and the ethics. I remembered that, sometimes you help someone in the moment and they either pass it on or find a way to express their appreciation, to say look it really made a difference. And I love that we have a food pantry.

KODAMA: The basic needs movement is so fantastic now.

MUNOZ: Well thank you so much for sitting down and talking to us. We really appreciate all of your very in depth and awesome answers to these questions. We really appreciate it, they help paint a humanistic portrait of what's going on here.

FLAMM: So glad, it was fun to do, hope it's not too all over the place.

KODAMA: We were a little bit more philosophical, but you can get a little bit more tangible from some of our colleagues.