



Lillian Gelberg, MD, MSPH: 2023 NAPCRG MAURICE WOOD AWARDEE

A lifetime of research to improve the health and healthcare of those thought to be undeserving and "unstudiable"

2023 NAPCRG CONFERENCE. SAN FRANCISCO,
CA. NOVEMBER 2, 2023

GRATITUDE

With **much gratitude** for this amazing honor to:

Dr. Gerardo Moreno MD, MSHS for believing in me and nominating me

NAPCRG -- My primary professional community of friends and colleagues & the Maurice Wood Award Selection Committee

My Life's Teachers



There's not enough time in this talk to give credit to all the people who helped me along the way

But, just like an impressionist painting, I hope that by talking about some of my life's teachers, I will paint a picture of how grateful I am to all of them



NELLY GELBERG

- Parents were **refugees**, Shoah (Holocaust) Survivors, lost 90% of our family
- Family that survived were scattered all over the globe. Grew up with multiculturalism, foreign languages, intergenerational trauma, and a close, loving, and forgiving family
- My mother survived the Auschwitz and Dachau concentration camps and the Death March



FRED GELBERG

- My father had to leave his family in Poland at 16yo, survived Holocaust in a Siberian labor camp
- Parents were **very wise**, 2nd and 6th grade education, role models as barber and dressmaker
- Believed in me and encouraged me to get a good education and to **make the world a better place**. *I have full confidence in you. Get Involved! Don't be a bystander!*
- They sought help from neighbors for my sister Debbie and me when they could not help us, such as for applying to college.



MY RESEARCH JOURNEY

"A lifetime of research to improve the health and healthcare of those thought to be undeserving and unstudyable"

1st Gen at UCLA & Dr. Anne Spence

Dr. Spence encouraged me to do things I thought I could never do such as:

- Applying to and funding medical school
- Sticking with medical training and not bolting for public health school 3x
- Applying to the Clinical Scholars Program (CSP), which was key to becoming a primary care researcher



Ucla



Montefiore's Residency Program in Social Medicine (RPSM)

RPSM shaped my future research by teaching me about how culture and social determinants impact health

Tuesday Night Social Medicine Curriculum

Interns' Community Oriented Primary Care (COPC) Project in our South Bronx FQHC neighborhood



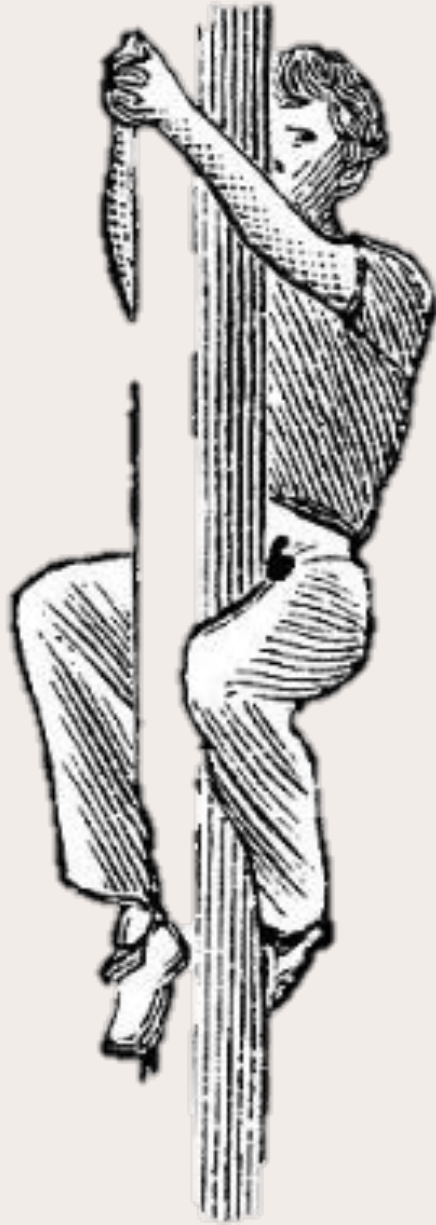
Montefiore's Residency Program in Social Medicine (RPSM) cont.

RPSM Social Medicine project at NHeLP (National Health Law Program)

Learned about the hardships of those that are housing insecure

Helped write RWJF Health Care for the Homeless Program grant for pilot demonstration of the 1st primary care clinics for homeless in Los Angeles





The "Greased Pole"

I felt like my patients and I were climbing up a greased pole.

Together, we would climb up the pole to manage their health conditions, and then we would slide back down the pole due to their:

- Navigating life crises & substance use issues
- Losing their jobs, public benefits, insurance, housing
- Inability to afford medications or medical care
- Experiencing family & community violence

My “Aha” Moment

The “Greased Pole” effect developed my interests in research so that I could:

- Better inform public health policies to improve health disparities
- Use whole-person approaches in research to help my patients become well again

Robert Wood Johnson Foundation (RWJF) & Dr. Marji Gold (RPSM Residency Faculty)

- Dr. Gold recognized my passion for improving health disparities which requires transformative solutions beyond 1:1 patient care
- She connected me with other public health leaders and researchers which led me to becoming a RWJF Clinical Scholar

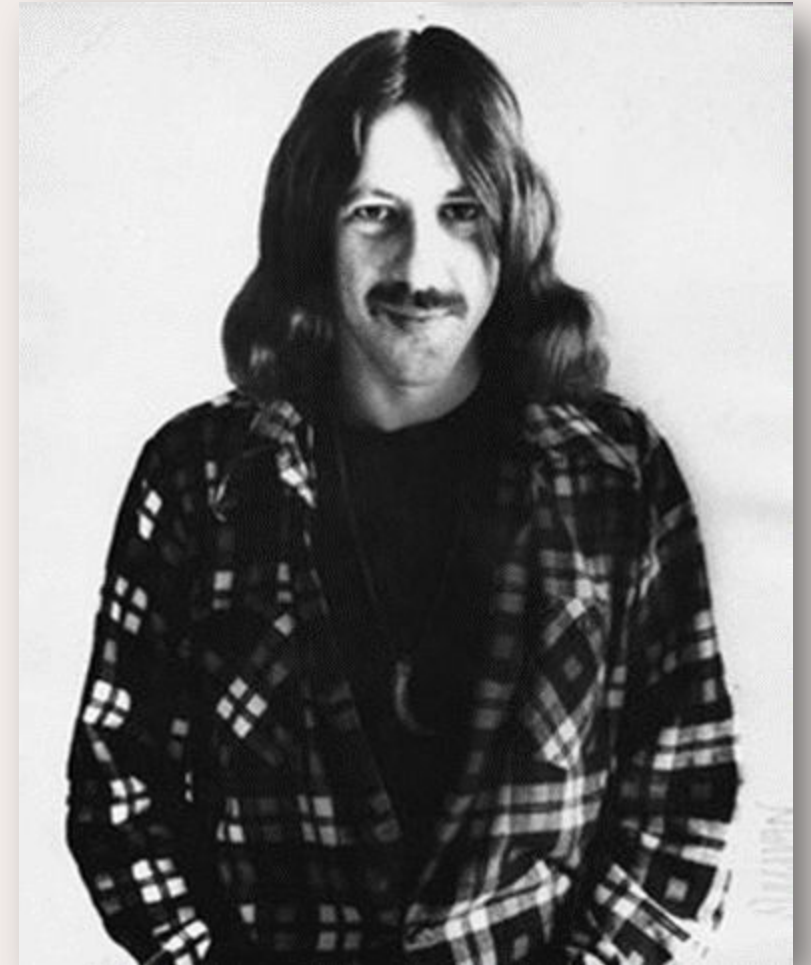


Dr. Marji Gold MD, RPSM Residency Faculty



The Lone Wolf: *RWJF Clinical Scholars Program (CSP)*

- Difficult to find a mentor for homelessness research
 - Homeless were not a “worthy” or “desirable” population to study
 - No clean population denominator for statistical analyses
 - Required creative thinking to create research methods that could be adapted for homeless populations
- Dr. Larry Linn believed in me and was excited about exploring this new area of homelessness research that was new for him too




My mentor –
Dr. Lawrence (Larry) S. Linn, PhD

Up to the Challenge: 1st Healthcare Clinic for Homeless People

- Larry encouraged me to conduct a pilot needs assessment to see if I was up to doing this difficult research
- Findings informed clinical service design of the 1st Health Care for the Homeless clinic in LA
 - Received funding for the RWJF demonstration program that I co-wrote during residency
- This was the start of my 40 year career of working to improve the health and access to healthcare of persons experiencing homelessness

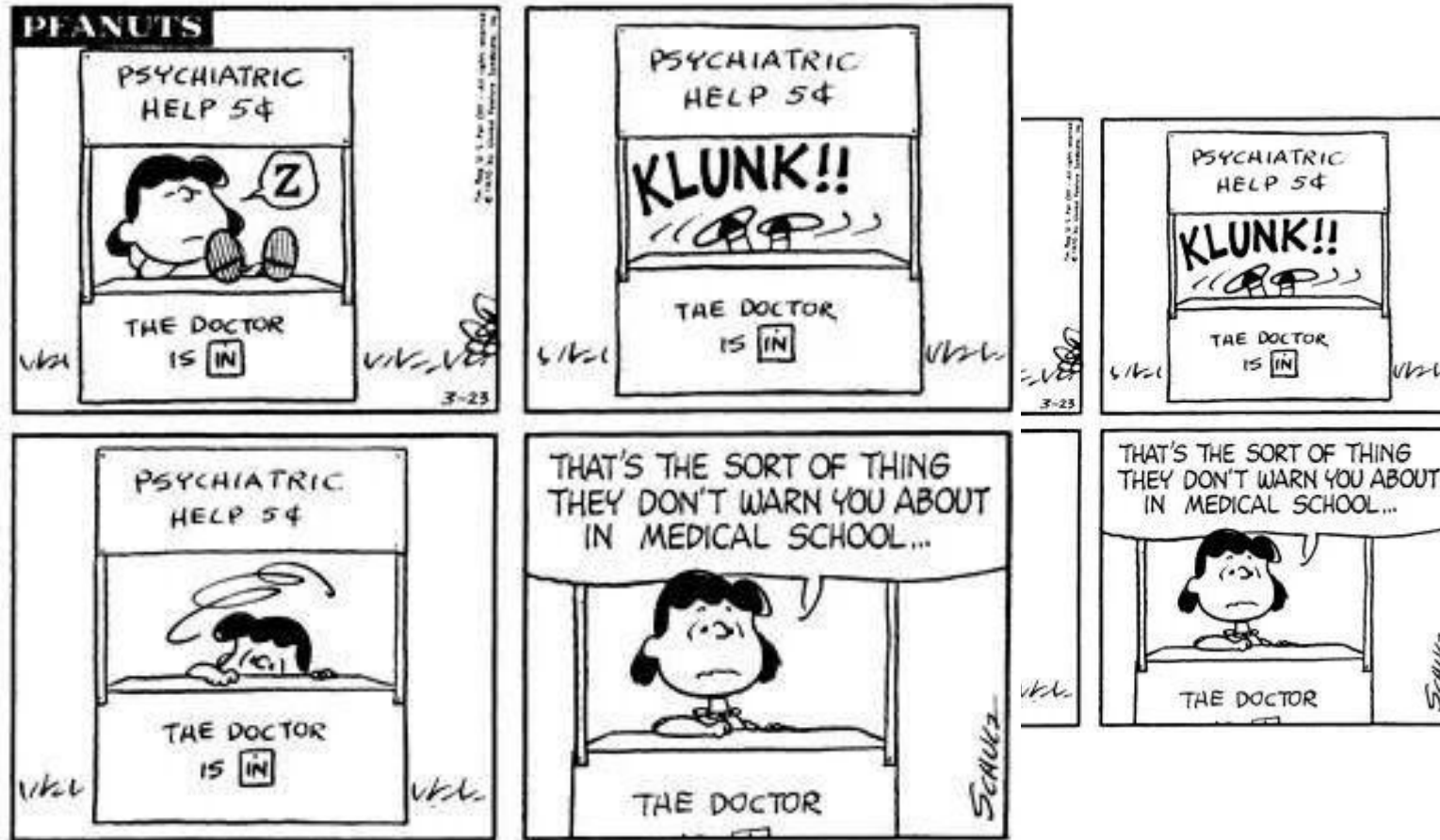




1st Study: Clinical Scholars Program (CSP) Project, 1984-86

- Larry and I adapted health services research methods for application to homeless populations
- Participated in patrols with local police and service agencies to find areas where homeless persons congregated
- Conducted needs assessment (n=500) of homeless persons in LA's streets, parks, shelters, bus/train stations, etc. using "sweep" sampling
 - Administered self-report surveys – adapted HSR measures (e.g., "bed-days")
 - Conducted physical exams, including vision & oral exams and blood draws
 - I was the phlebotomist -- centrifuged blood at local venues with electric outlets such as in gas stations and senior centers

Funding? None! : CSP Project, 1984-86



Time to Write: Theoretical Model

After collecting my data in the Clinical Scholars Program, I had tons of papers to write

My mentor, Ron Andersen, PhD, a medical sociologist and author of the leading Behavioral Model, asked me “Where is your model?”

I showed him my “balloon model” that I would develop for each paper

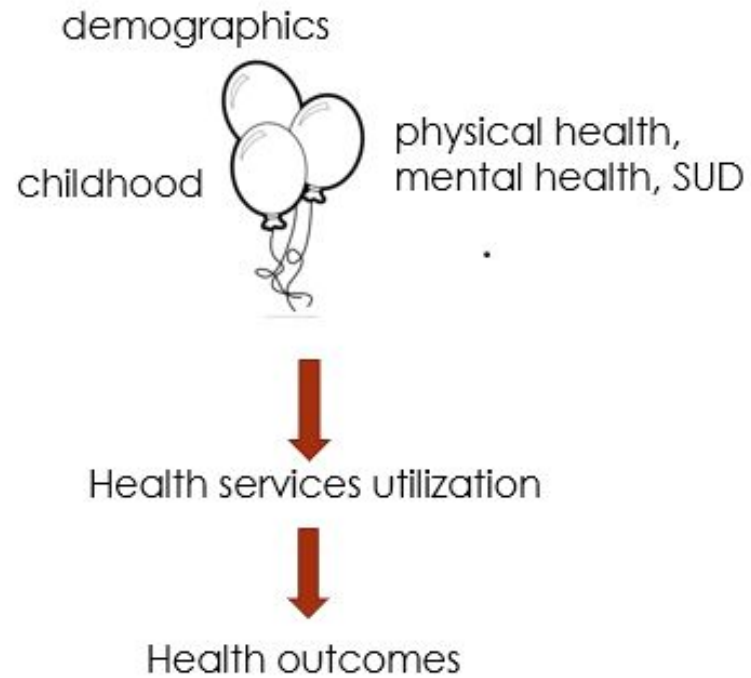


Determinants of Regular Source of Care Among Homeless Adults in Los Angeles

Gallagher, Teresa C. PhD¹; Andersen, Ronald M. PhD²; Koegel, Paul PhD¹; Gelberg, Lillian MD, MSPH²

[Author Information](#)

Medical Care 35(8):p 814-830, August 1997.



Lillian's "Balloon Model"

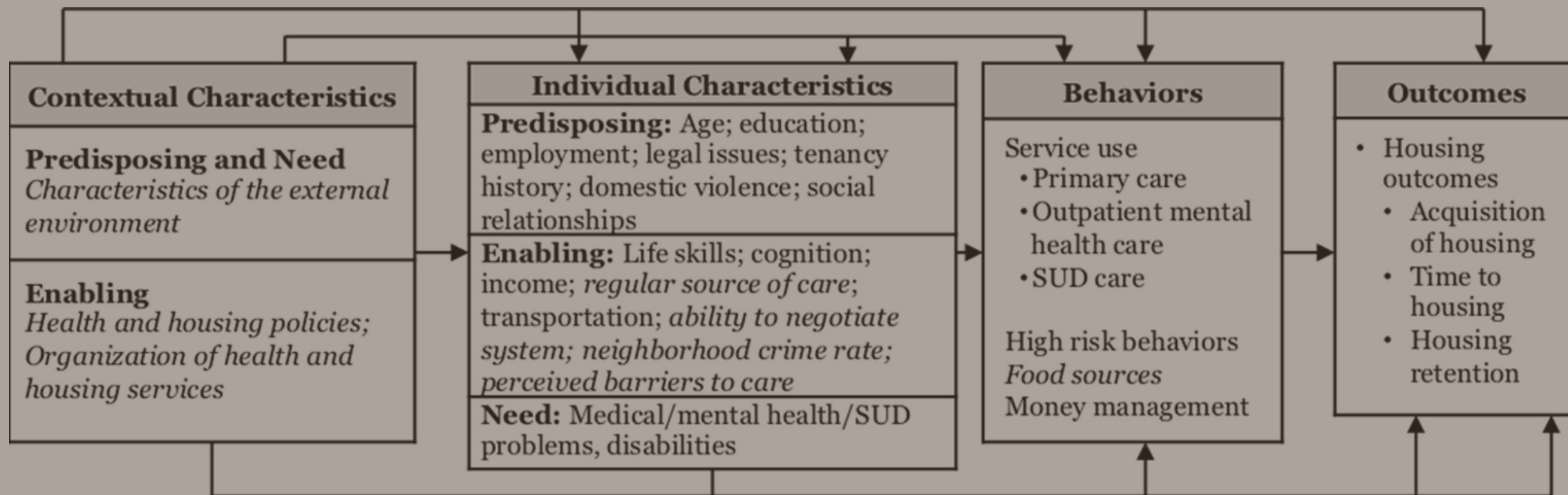
The Behavioral Model for Vulnerable Populations (BMVP)

Ron & I developed the **Behavioral Model for Vulnerable Populations**. The 1st model designed to identify risk factors unique to underserved populations' health and use of healthcare.

We have 40+ publications together – the **secret sauce was Ron**. He challenged me which shaped me into becoming a better clinician & researcher to continue addressing the gaps in our health care system serving homeless populations.



Ron and his wonderful wife Diane



“The Behavioral Model for Vulnerable Populations has been cited over 1700 times”

1. Needs assessment
2. Homeless vs housed FQHC patients' health/healthcare
3. Access to Care
4. Homeless Veteran's health care
5. Healthcare Disparities
6. Homeless Women's Health Care
7. Hepatitis B & C in South Central
8. Hepatitis B and C in HCHP PBRN
9. HIV prevention
10. TB
11. STD prevention
12. Health promotion
13. Victimization
14. Tobacco cessation
15. SDOH screening tools
16. ED screening for homelessness

*“The CSP study & BMVP
expanded my research in 35+
areas of homelessness
research*

17. Patient assessed quality of care
18. Integrating mental health care into primary care for homeless Veterans
19. PCORI engagement research
20. Diabetes tailored care
21. Biofeedback and stress
22. Homeless women Veterans' health and health care
23. Implementing HCV Tx in HPACT
24. Implementing PrEP in HPACT
25. COVID-19: experiences, protective behaviors, testing, vaccination
26. Improving access to video visits in HPACT
27. Improving A1c testing among homeless Veterans
28. Increasing naloxone prescribing among homeless Veterans
29. Permanent supportive housing is health
30. Homeless families – SUD prevention
31. Street medicine evaluation
32. Latino homelessness
33. Multi-morbidity and trauma
34. Mobile van program evaluation
35. Hate of homeless
36. Advanced care directive tailored to homeless
37. Hospice care
38. Recuperative care



Research: Veterans Health

"To care for him who shall have borne the battle,... by serving and honoring the men and women who are America's Veterans."- Lincoln

Veterans' Health

Joined the VA for strategic planning to improve the health services provided to our homeless Veterans. We developed and implemented the following:

- 1st primary care clinic tailored to needs of homeless Veterans in LA, H-PACT (VA's medical home)
- 1st longitudinal training program for homeless healthcare: interprofessional including internal medicine, primary care NP, psychiatric NP, psychiatry, psychology, pharmacy, social work, nurse care manager
- "Humanism Pocket Tool"

The Humanism Pocket Tool*

version 5.3

Techniques for Clinicians and Trainees



Concept: Your brain is equipped with inborn, automatic, emotional responses biased to protect you from people who *might* be dangerous, infectious or time-consuming. These emotions can sneak up on you. Use the following techniques to adjust your brain and stay humanistic.

1. Coach yourself toward a caring frame of mind

For example, tell yourself "I may be frustrated *AND* I can choose compassion." Or, "Mr. Smith is not himself today." Or, "I've got a strong and compassionate team." (See numbers 5, 6 and 7, on back of card).

2. Be warm

Use your non-verbal behavior—tone of voice, physical proximity, touch, and mirroring patient movements—to reassure a patient that you are not angry, frightened, or disgusted. Begin by comparing your behavior in warm, professional relationships with your behavior with challenging patients. Then, adjust your behavior with patients in the warm direction.

3. Listen actively

Begin with a question like "What brings you here today?" For 3-5 minutes, use only open-ended questions, minimal encouragements to continue, restatement, and empathic remarks.

4. Create a vivid vignette

Use active listening and questions such as "What matters to you?", "What brings you joy?" and "What gets in the way?" to discover the patient's aspirations and obstacles. Distill them into a vignette such as "35-year-old Marine Corps veteran studying to be a pastor but haunted by an Iraqi torture chamber." Tell the patient how you will use the vignette (see below). Read the vignette to the patient and ask what changes you should make. The vignette reassures the patient that you see him or her as a person, not simply a diagnosis.

Tent Community on VA Grounds

Health care for the 1st tent community nationally on VA property, response to COVID-19, providing on-site:

- Primary and mental health care
- Whole Health, including battlefield acupuncture, opioid harm reduction, personal health inventories, teaching kitchen, and more



A screenshot of the Annals of Family Medicine website. The header features the journal's title "ANNALS OF FAMILY MEDICINE" in a serif font, with a stylized green leaf graphic to the right. Below the title is a navigation menu with links for Home, Content, Info for, About, Engage, Contact, and Careers. A search bar is located in the top right corner. The main content area displays a research article titled "Housing For Health in the Veterans Affairs Greater Los Angeles Tent Community" by Tiffany Owens, Daniel Ewing, Melissa Devera, Sandesh Shrestha, Peter Capone-Newton, Kristin Kopelson, Lisa Altman, and Lillian Gelberg. The article is dated May 2022, volume 20, issue 3, page 281. The DOI is provided as https://doi.org/10.1370/afm.2815.



Why I chose to focus on homeless Veterans' healthcare?

A way to give back -- American soldiers liberated my mother during the Nazi Death March at the end of WWII



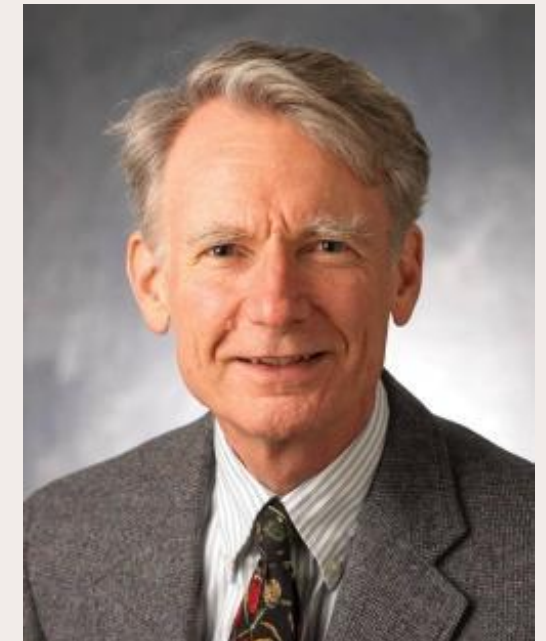
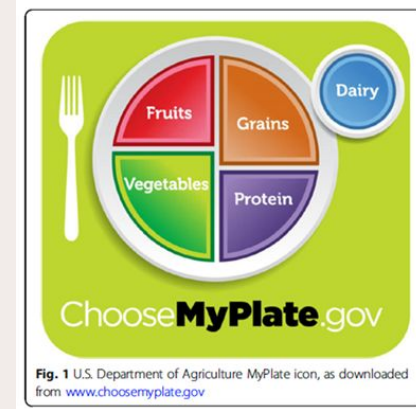
Integrating Behavioral Health into Primary Care -- Living Well programs

Addressing Obesity in Primary Care

- Dr. William J. McCarthy, PhD

- Bill taught me how to conduct community-based behavioral clinical trials
- We developed methodology for creating sustainable interventions that **integrate behavioral health** into primary care settings for addressing overweight/obesity in diverse low-income FQHC patients by employing:
 - **Community health workers** as agents of behavior change
 - **Patient centered approach and outcomes**

We have met every Friday afternoon for more than 20 years!



Dr. William J McCarthy, PhD

Addressing Substance Use Issues in Primary Care

QUIT Using Drugs Intervention Trial (QUIT) and Binational Replication (QUIT-Binational) (NIDA)

- Among **first efficacious interventions** to integrate SBIRT for reducing risky drug use into routine care of FQHCs (33% - 44% reduction in drug use)
- Took **>1 year to work this out** with PCPs so it would be acceptable and feasible
- Multi-component: PCP 3-minute brief advice, video doctor & 2 telephone health coaching
- Contributed to **2020 USPSTF recommendation** for primary care to screen adults for drug use



➤ [Drug Alcohol Depend.](#) 2017 Oct 1;179:433-440. doi: 10.1016/j.drugalcdep.2017.04.022. Epub 2017 Jun 13.

A pilot replication of QUIT, a randomized controlled trial of a brief intervention for reducing risky drug use, among Latino primary care patients

Lillian Gelberg ¹, Ronald M Andersen ², Melvin W Rico ³, Mani Vahidi ³, Guillermina Natera Rey ⁴, Steve Shoptaw ³, Barbara D Leake ³, Martin Serota ⁵, Kyle Singleton ⁶, Sebastian E Baumeister ⁷

Observational Study ➤ [Subst Use Misuse.](#) 2017 Feb 23;52(3):359-372.

doi: 10.1080/10826084.2016.1227848. Epub 2016 Dec 21.

Prevalence of Substance Use Among Patients of Community Health Centers in East Los Angeles and Tijuana

Lillian Gelberg ^{1 2}, Guillermina Natera Rey ³, Ronald M Andersen ², Miriam Arroyo ³, letza Bojorquez-Chapela ⁴, Melvin W Rico ¹, Mani Vahidi ¹, Julia Yacenda-Murphy ¹, Lisa Arangua ¹, Martin Serota ⁵



QUIT launched several SUD Prevention RCTs



1. QUIT-Mobile, Hybrid Type 1 Implementation Study (NIDA, ongoing)
 - COVID-19: Adaptation of all methods for telehealth
2. Implementation of automated Screening for Tobacco, Cannabis, Medical Cannabis Use in UCLA Health
 - Took 2 years to gain primary care leadership's trust and blessing
 - 1st study to integrate automated medical cannabis screening into EHR (Epic). 180,000 screened to date
3. Medical cannabis use among Californians
4. Subthreshold Opioid Use Disorder screening and intervention in PC clinics in 5 cities (NIDA CTN)
5. Polysubstance in FQHCs in 5 cities, Chronic Care Model (NIDA CTN)



Dallas Swendeman, PhD



Marjan Javanbakht, PhD



Jennifer McNeely, MD



Jane Liebschutz, MD, MPH

Mentorship – Giving Back

- I am committed to helping disadvantaged pre-medical students gain experience in clinical research & supporting them into becoming medical students, just like I was helped along the way
- Together with my mentees we created a **medical school and health professional pipeline mentorship program**
 - The Pipeline: Volunteer > Research Assistant / Telephone Health Coach > Fieldwork Coordinator > Project Director > **Medical Student!**
- **They fall in love with research** by participating in all phases of the study
- Our team has mentored over 130 pre-med / health professional students





Words of Encouragement

Words of encouragement for up-and-coming researchers

- Critical importance of **good teammates and mentees** -- surround yourself with loving people who do good work, and with whom you collaborate well together.
- As primary care researchers, **we care about the whole person and their family and community!** But funders are often organ specific. This is challenging but not insurmountable.
- **May not be able to do everything at the start of your research career** – We want to fix the whole world by tomorrow! Career is long and a journey. At the start of my career, I wanted to study the entire homeless family and all aspects of their health. And now 40 years later, I've had the chance to do much of this.
- My first chair, Dr. Jim Puffer, said: **"I give you permission to say "no." If you say yes, please think about it carefully."** Research faculty can get pulled in many directions -- teaching, administration, committee work, community advocacy -- that could distract you from your primary work as a clinician researcher.
- **Supportive clinical colleagues** who believe in importance of having clinician investigators
- **Build long-term connections and community for support**
- **Don't forget yourself and your loved ones!**

Lived Experience Group (LEG)

Our guides, our eyes and ears, essential to have their voice so our research is grounded in reality (some are here today!)



DEDICATION

I dedicate this Wood Award to My Life's Teachers;
this is their award too!



My Devoted Family & Friends

Our Amazing Children

- They are my polishing stones – they keep me grounded and humble
 - Stay in the moment, no multi-tasking!
 - Ok to be honest. Ok to be quiet.
 - Forgiving me for the many competing professional demands on my time.



My Wonderful Husband, Steve

- He believes in me and loves me just as I am, and helps me find balance in my drive to make the world a better place
- He is the **wind beneath my wings!**





Thank you NAPCRG!

Lillian Gelberg, MD MSPH

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