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”
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
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 unstudiable
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
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
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. PhD; Andersen, Ronald M. PhD; Koegel, Paul PhD; Gelberg, Lillian MD, MSPH

Author Information:

Medical Care 35(8): p 894–899; August 1997.
Lillian’s “Balloon Model”

demographics

childhood

physical health, mental health, SUD

Health services utilization

Health outcomes
The Behavioral Model for Vulnerable Populations (BMVP)

Ron & I developed the Behavioral Model for Vulnerable Populations. The 1\textsuperscript{st} 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.
The Behavioral Model for Vulnerable Populations has been cited over 1700 times.


The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people.

L Gelberg, R M Andersen, and B D Leake
The CSP study & BMVP expanded my research in 35+ areas of homelessness research.
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”
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
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!
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
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)
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!)
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
lgelberg@mednet.ucla.edu