



FAMILY MEDICINE AND PUBLIC HEALTH
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To Whom It May Concern:

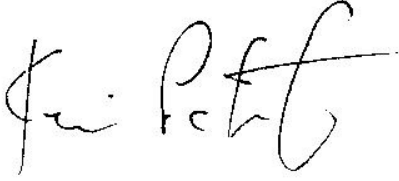
I am a Professor of Family Medicine and Public Health in the UC San Diego School of Medicine, and Director of the Center for Wireless and Population Health Systems in UCSD's Qualcomm Institute/Calit2. I was also Editor-in-Chief of the American Journal of Preventive Medicine for 20 years as it became the leading (by impact factors) general public health journal in the world. Thus, I have a pretty good sense of the types of projects that are important to the field of public health. I write to express my strong support for the project *Visual Narratives to Facilitate Immigrant/Refugee Family Mental Health Literacy, Support, and Resilience*; a project being co-developed by a robust partnership, headed by Sahra Abdi (Executive Director of United Women of East Africa), Dr. Brian Goldfarb (Dept. of Communication, UCSD), and Amina Sheik Mohamad (Director, Youth and Community Mobilization Programs, UCSD Department of Pediatrics). This is an impressive team of community leaders and expert practitioners, including community health center clinicians and administrators; psychologists specializing in refugee/immigrant family mental health; school-community liaisons; and university-based researchers in public health, visual education, health communication, as well as policy advocates. To my mind, the project's approach to supporting integrated mobile/networked communication, education, and behavioral interventions represents an extraordinarily well-conceived strategy for community centered care and prevention. It is a model of the kind of research that our center is designed to support.

The *Visual Narratives* project is addressed to an important and pressing health concern that impacts us at a local, national and international level as we experience the web of effects of global migration. It is based on sound research which demonstrates that: 1) parent and family mental health is crucial to the life-long physical and mental wellness of infants and children; 2) refugee/recent immigrant populations infrequently pursue standard Western clinical mental health resources, even when they are targeted with considerable outreach efforts; 3) there is a need for culturally appropriate and linguistically accessible modes of treatment that draw upon community resources and resilience to reach refugee populations; 4) audio/visual health communication media is more effective in supporting health literacy in all populations and particularly among those with low written language proficiency rates. The *Visual Narratives* project employs narrative mental health interventions that are gaining wider acceptance with experts in the field of refugee mental health.

Dr. Goldfarb is a leading theorist and practitioner of visual education methods, and has demonstrated a long-term commitment to community-based participatory health education research. In mid-2014 had the opportunity to work with Brian as a collaborator on the *Visualizing Asthma* study which I spearheaded in the National City neighborhood of San Diego. He and his PhD research assistant conducted audio/visual ethnographic data collection alongside our team which is dedicated to real-time monitoring of pedestrian exposure to key environmental toxins associated with asthma. Their work contributed valuable experiential and narrative dimensions to our efforts to map and communicate the relationship among everyday activities and heightened asthma risk for community members. I have great respect for Brian and his collaborators whose work with underserved communities in the greater San Diego area is well-recognized.

This current project promises to develop and test an innovative model of community health intervention that will be beneficial not only for the large East African immigrant population in San Diego that it is targeted to, but for a much broader population of refugees and immigrants throughout the US and internationally. I believe that support of their efforts will prove valuable for future policy development addressing disparities in refugee family and children's health, education, and well-being.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Patrick". The signature is fluid and cursive, with the first name "Kevin" and last name "Patrick" clearly distinguishable.

Kevin Patrick, MD, MS
Professor & Director
Center for Wireless and Population Health Systems
The Qualcomm Institute/Calit2