

# OREGON HEALTH & SCIENCE UNIVERSITY ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

**Elena Andresen, Ph.D.**

interview conducted on: June 2, 2022

by: Willi Horner-Johnson, Ph.D.



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Interviewee: Elena Andresen  
Interviewer: Willi Horner-Johnson  
Date: June 2, 2022  
Transcribed by: Teresa Bergen

Horner-Johnson: I'm Willi Horner-Johnson and I'm interviewing Dr. Elena Andresen for the OHSU Oral History Program. It is June 2, 2022 and we are recording this interview in the BICC building on the OHSU campus.

Andresen: Hi, Willi.

Horner-Johnson: Hi. How are you?

Andresen: I'm good.

Horner-Johnson: Let's start with your early life. Describe your childhood and education.

Andresen: So I keep thinking that I had kind of an unusual background in education for people who end up at universities. But I keep running into people that are just like me at OHSU. So, not so much. But I grew up in Seattle. My dad was a mechanic. My mom was home. And the Seattle public school district, that was where I got my early education up through high school, was extraordinary at the time. I mean, I wouldn't have known it. I was in a neighborhood where we were the only blue-collar family because my dad being a mechanic and in a labor union. And all the rest of us, we didn't fit in quite as well as the professionals that worked in banks and so forth. But my parents had wanted to be in a neighborhood where they figured the schools were going to be good. And eventually there were three of us. So, great education starting in kindergarten. And it was one of those kinds of places that took sort of chances on both teachers and on programs and on education styles. And it just, it really helped me flourish. I mean, I always wanted to be in school.

The only unusual thing about school was that I recognized that all the rest of the kids in my classes and grade school had an additional day of school called Sunday school. And I didn't know how school worked. So I thought their parents had more money and that they were able to pay for an extra day of school. We had no religion. So it never occurred to me until later when I found out about churches and synagogues and so forth that people actually went someplace on Sundays and it was called Sunday school. Because that's what the kids did in addition to being in church proper.

So it was a great education. And I think it's been a lot harder for public school systems to survive and flourish and for young people to flourish. But you know, from the time I was in kindergarten, it really was a great education.

By the time I got to high school, I was being allowed to take classes—because of my performance previously—that weren't normal. I took a class in Boolean logic in high school, which is not something most people do. I think there were six or seven of us, and only two of us were girls. And science had some extra things involved that I was able to take because of my interest and so forth.

So that part of my education really set me up to—now I personally didn't think that I was going to be able to go to college. You know, you keep comparing yourself to all the people who

are really smart, with really smart parents. And you go to functions and their entire vocabulary was different than ours was. But my parents were insistent that I go to college. They couldn't pay for it. I applied to a couple of places. I wanted to be an oceanographer. My father wanted me to be an oceanographer. So I applied to Scripps and I applied to the University of Washington. I didn't get into Scripps. But I got into the oceanography program at the University of Washington.

And I remember thinking, okay, deep breath. You know, now I'm in this program with all these folks that have had a great education. And their parents know how universities work. Now what happens?

So that's how I ended up in college. But it turned out I didn't like oceanography. I've never really liked physics. I mostly liked math. And it was very clear, I started the program in 1971, but it was very clear that it was very hard for women to get a job once they'd finished their degree. Partly because oceanography involved times on boats if you were on one of the better teams. And the traditional sailor milieu didn't really accept girls at that point in terms of time on boats. So what I was warned is that I would spend my time in a laboratory on a dock somewhere looking at pickled fish or whatever data came my direction. And that didn't seem as interesting as the Jacques Cousteau thing. Which at that time I thought that's all oceanography was.

So I started taking classes that I was interested in, that weren't things I'd traditionally been very good at. I took languages. I became fluent in Spanish. Took a lot of history. A bit of sociology, a bit of anthropology. I put together an undergraduate degree that was an interdisciplinary degree. So a bit of everything and a pretty full Spanish degree. My parents were frantic because I wouldn't have a job at the end of it. And I learned a lot more. I will say, having also done a graduate degree in Spanish history, it never occurred to me that I had to find a job to match that. But at some point I figured out I couldn't afford to do a PhD. I mean, there aren't a lot of jobs where people specialize in things like the Spanish Inquisition in South America and Mexico. But, to me, it was fascinating to look at the kind of information that was recorded and consider what hadn't been recorded in terms of how things had really worked. When European culture had come to North America and South America. So I went all the way through school doing some fairly unusual thing. I don't mind at all that I not only spent money on it but spent a number of years on it.

But at the end of it, when I was a graduate student, I made my living as a research assistant at the University of Washington. And so, because I had that job and then went on to work in other jobs in terms of research, I sort of, I think a lot of people look at my background and think I took a left turn or a right turn somewhere along the line. But I was really lucky in terms of public education. So public university, University of Washington's a great university. The public school system was a great one. And I felt like it was a place where every day, it seemed like, no matter whether it was my work or the classes that I was in or the faculty, was another kind of an open door in terms of the brain. I grew up without a television. So there was so much to learn from books and from people and from classes and from experiences. So I got hooked on education from a very early age. And it actually hasn't gone away to this day.

07:57

Horner-Johnson: That's great.

Andresen: Yeah, it was fun.

Horner-Johnson: So what or who inspired you to pursue a career in epidemiology?

Andresen: So, I mentioned I was working in research. And there was a job opening. I had been working by then for the University of Washington and Seattle VA Medical Center in terms of running research projects. And there was a job that was fulltime and had medical benefits associated with it. By then I'd fallen in love with Kevin. Neither one of us had health insurance. So it seemed like a really good idea for me to try to get that job. We'd get married and then we'd both have health insurance. So I applied for the job and I got it. Apparently over three PhDs in epidemiology or PhD epidemiology candidates, which somebody didn't tell me till like about a year later. But the reason was, I had all of that practical work of gathering data of different kinds from records and from interviews and from focus groups and a variety of sources. And then managing data and people who collected data for a period of time. So a lot of people at the time who had a PhD in epidemiology had exquisite understanding of data and analysis and study designs and all the rest of it. But managing research takes a bit of experience. I mean, you have to collect information for a long time, especially interviewing, before you can go on to supervise those kinds of things.

So I applied for that job. But that's where I sort of started to understand what this epidemiology thing was. I worked for King County Emergency Medical Services for a few years. It was a great job. Good benefits. Kevin and I are still married, so you know, it started us out right. The work that we did at that time had to do with out of hospital cardiac arrests and new technology that could be used by lay people to restart the heart. So it was the early era of automatic defibrillators. Really interesting working with emergency medical services. Lots and lots about that kind of work.

So what's got me interested is I now knew there was this thing called epidemiology and that there were a lot of women in it. That was impressive to me. And I was working in a position where I was occasionally pushing the edges a little bit with the two docs that I worked for.

And one day I discovered through a very circuitous route that some of the data we were collecting on when people had died after having these cardiac arrests and being restarted and so forth turned out to have just a fatal flaw in it. And that fatal flaw was that when we did our surveillance—and there was one young woman who called hospitals daily to find out if the person who had been admitted had gone home or had died—and they were given a date when the person was discharged. And it turned out personnel were sometimes very busy. And so the person hadn't been discharged alive; they had died that day. So it was just an oral transfer of information that didn't work perfectly.

So I really remember vividly going to tell the two docs I worked for that this had happened and that we'd need to go back and look. And if we ran everybody and went to look for death certificates—I was doing reviews of death certificates, that's how I found out that that's what had happened—that we'd need to make some corrections.

And the principal investigator of the project said to me, "You know, it would be great if we all had your sense of values and so forth. But there's a much bigger world out there and you don't have the education to set up the changes that would be made for this project."

Approximately the words.

I went home and I couldn't understand what I had missed. To me, if there's an error in data collection, you correct it and then you change your procedures. Very straightforward to me. But clearly I had missed something because I didn't have the appropriate degree.

And I mentioned it to Kevin and said there as a master's in public health in epidemiology. And that I thought I needed to go back and get that degree so that I fit better into the research teams that I was in. And Kevin said, "No, honey, you need to do a PhD." And I gulped. And applied.

And then just to finish that story, you know, it turned out I didn't have inappropriate values. (laughs) I found out later because the young woman who was collecting this data was really upset. She had to completely change the routine she was doing. She had to go do records reviews of all death certificates to look to see if people had died and when they died and so forth. It had really changed her job. And she mentioned it to me, but the two investigators who ran the project never told me that they'd changed everything. And I don't know if they went back and corrected it. But the process of that was somehow I'm missing something in order to be a full team member. And I really loved research. And the project that I'm talking about was sort of classic public health in terms of is there a systematic way you can go about improving people's chances of surviving a cardiac arrest. Not just the fire department and the paramedics get there, but people who are at high risk and have these machines in the future.

And so that whole idea of public health just seemed to me like what I wanted to do. So I was admitted to the epidemiology program. And at one point somebody said given my age going back at thirty-three that they just loved it to take in the occasional stray cat into their program because it added so much. (laughs) That was a compliment. It was an older British man. The stray cat and the fact that they win the prize thing was something he was brought up with.

So it was sort of just this happenstance of getting a chance to do jobs, do more management, but not to be integrated in all the components of the way research was being done. And believing, and I now know that it's also true, that having more education in the specific science was going to make, being able to be at that kind of job, and even working at a university, which seemed to me like the best of the best, to be possible. So I ended back there by sort of taking circuitous route to it. And my husband believing that we'd make it just fine. We wouldn't have to leave our apartment if I stopped working fulltime and went back to school.

15:45

Horner-Johnson: Wow. What led you to focus your research on chronic disease, disability and aging?

Andresen: Yeah, that's a question that people usually pose. Epidemiologists usually look at the causes of and then there's, you know, there are people that are cancer epidemiologists, and infectious disease epidemiologists and so forth. So it's more the etiology of something. And I find that all actually very interesting. It's a great way to teach and to learn. But I found myself more interested in the differences in the outcomes of diseases. And even though it took a lot more education for me to actually see and read a lot about the differences in equity in the health system, it was clear to me from working at the VA that some people did better than others. And in the EMS system, it seemed to be a pattern of the way people came into their disease seemed to predict how well that they did as well. I mean, it wasn't because I had a scientific answer to that. But I became interested in the outcomes of disease, rather than just the primary prevention of something like diabetes, which is work that I did for a while. Or heart disease or paralysis, for example, for people that had spinal cord injury and so forth. So outcomes research often is in health services research. But it's the same methodology. It's the same ideas. It's the same

science. It's the same thinking about what are the possible causes? What do you measure? How do you do the analyses? What is the next thing you do when you have one answer? It really doesn't, it doesn't depend on a yes/no disease in order to be an epidemiologist. So I did a full degree in epidemiology, but I also did a study section—before they had a PhD in health services research at the University of Washington—where there's a small group of students who went through and took classes and did journal club and so forth to think about health services research or more about the healthcare system and its impact on people. Well, you know, it's sort of circuitous again, but it worked out because I've really enjoyed the epidemiology of, and the health services research about, for all of my career.

So when you think about disability, that's kind of a classic case. Disability is a state. It is not by itself a disease. And so the idea of the outcomes of that and what are the programmatic, medical and environmental aspects that change the outcome of a specific disability started to become more and more interesting. So for a lot of folks, and it's I think a classic case, we often think about older adults who have a stroke or, you know, arthritis or dementia or a lot of things that increase with age. But people with disability can have that from birth or from early adulthood and so forth, and live longer lives with those states that can change what their health is at all.

And that all just seems so, I don't want to say more interesting, but it intrigued me more than the classic: does smoking cause lung cancer, and does prenatal care predict birth outcomes, and so forth. All of that is interesting. I love teaching it. But it didn't pique my interest in terms of how to make a difference.

20:04

Horner-Johnson: You were the principal investigator at the Florida Office on Disability and Health for several years. And then the Oregon Office on Disability and Health here at OHSU. Could you describe that work?

Andresen: That really fits into the component about disability. And for me, disability and aging, where there are programs that states have and local public health have and medical systems have and so forth, that are really intended to improve the health of people with a variety of conditions. But when you talk about how the CDC goes about organizing their thinking about a population and their outcome, their thinking is so much more multidimensional and multidisciplinary that I was actually very attracted to the centers that had that kind of work before I was even involved with one. And I went to the meetings, I may have met you there. But I went to some of those meetings just as an outsider because I was so intrigued by how these state projects worked, and how they worked with communities of people with disability, were academic in makeup, usually at universities, always with a partnership with a public health component of the state. And it seemed to me like that was sort of, it was really an enriched environment in which to think more comprehensively about people's health.

So I was already a fan. And in fact, I knew that Oregon had what people often thought was the very best of these state programs in the country. I was in Missouri, and the Missouri Department of Health had managed to alienate the CDC over a variety of missteps about some of the early ways that those programs might have operated before the program that was finalized. So we couldn't get funded there. But when I went to Florida, they had never been funded as a state. And by then, I was just thoroughly intrigued by these state systems. How different all the

states were in terms of implementing, and how much they all learned from each other. Because I was going to the annual meetings as a hanger-on. We were funded on our first application in Florida. So then I got to be a full-fledged member of that group.

I just, I find it a really enriched environment to think about public health. And about a population that need not be disenfranchised, but often is, by the medical treatment that they receive. Whereas the public health approach that includes environment, social circumstances and the input of people, “Nothing about us without us,” came first from disability. So it was actually great.

But then you folks had a change in leadership in Portland. And I’d been coming and going two or three times a year to work with all the folks here at OHSU. I was enamored with the university and the CDRC and everything that it had to offer.

By then I had worked with people on some sort of sideline activities, but ones that fit into epidemiology. Had a grant from the CDC to work on looking at caregiving and the outcomes for health and other aspects for caregivers. And the team that I worked with and advisors from around the country, we put together a module that could be used on the behavioral risk factor surveillance system, the BRFSS telephone questionnaire, that could be adopted by states to really understand caregiving across the age span and what those outcomes were. And it could help them fine tune some of their programs that were for caregivers for older adults and their families, for kids and their families and so forth. So there was some classic epidemiology that kind of followed around on that.

When I usually, when I think back, I think some of the questions I asked were incredibly basic. And I was always surprised that no one had done that before. (laughs) Because it would be hard to know how you change a social environment or a program in public health without collecting data, finding out what the needs were, where the problems were. Trying a new program and then seeing whether or not it had improved anything. Classic public health. But some of those questions had not been asked.

So I had a chance to do things that were fairly straightforward but added a piece of information that states and localities could use to understand the input investment they had in programs for people with disability and people who were older. So I got involved with it because I knew about the reputation primarily from Oregon. Oregon also had this extraordinary system of looking at supportive care and across the spectrum, not always being in a very restrictive environment. At the time I was looking at this, there was no other state that had that kind of literature and that kind of thought involved. So I was always interested in Oregon and in working with folks there. But the opportunity came up and I jumped on it.

26:15

Horner-Johnson: And it worked out well.

Andresen: It did. It worked out great.

Horner-Johnson: One of the next steps in your careers is that you served as interim dean for the OHSU/PSU School of Public Health during its initial accreditation.

Andresen: Mm hmm.

Horner-Johnson: Can you talk about your work with that program?

Andresen: So I think a lot of people that are interested in being a professor when they grow up, you know, the research, the teaching and so forth, there's this classic sense of what the work is. And the joy of it goes with it. The frustrations and the joy. There's no such thing as a perfect teacher—I certainly wasn't—or a perfect researcher. But there's always something to learn. So administration tends to be something that most people that are serious as faculty avoid. Because it's more than a fulltime job for being a classic academic. But it started first at the University of Florida. They wanted to start a school of public health. And I was the only person who'd worked with any accreditation before. And they needed to create a new department and two new PhD programs. So I got tagged to do that. And you know, it did mean some additional money. That was great. But the idea of doing that and other people who might have been interested, as I've taken leadership programs, people often say yes to something for a variety of reasons. And one of them has been very common to my thinking, which is the alternative wasn't thinkable to some kinds of people. That's what happened in Florida is that there was someone who wanted to start the department and had alienated a lot of people. Especially women, unfortunately. So I was willing to take that on. And then get additional training in order to be a better administrator. Because that's the thing that most academics don't love to do is do this administration, all this human HR personality work that goes with having a group of students, faculty, staff, you know, that sort of thing.

So when I came to OHSU, I said okay, I have done that. University of Florida was successful. We had a really good team that pulled that together. I think I'm just going to go back to research, and hopefully I'll get a chance to teach as well. So that's what I came to OHSU to do.

But, OHSU and Portland State University decided they wanted a collaborative school of public health. And Kevin and I talked a lot about it, and faculty talked to me a lot about it. And I really was, again, sort of one of the few people at the university who had gone through an entire accreditation series and actually worked on all of the documents. Now, the accreditors changed their viewpoints about every five years, so it wouldn't have been exactly the same. In fact, it's been improved every single time the accreditors have thought about public health and what training needs to involve. So there was a lot of new stuff to learn. But I thought, this I think I can do and I can learn, and I certainly would learn a lot. And it just seemed to me that the combination of OHSU with a very large research enterprise and a lot of opportunity, and Portland State University is incredibly community involved, both with research and teaching and in social programs and so forth, made an ideal partnership for a comprehensive way of thinking about public health research and training. And so I really thought there'd be a lot of fun, and there was, in the discussions people had. I will say people really thought that those two cultures couldn't come together. But you know what? The faculty at OHSU and the faculty at PSU have different sets of expectations. And when they come together, those different expectations actually offer a lot.

So I did that because I knew I was willing to sit there and rewrite things that other people did so that we had—I learned part of that from you, Willi—how to get a consistent voice in a document when people were writing different pieces and really hadn't paid attention to what was the milieu that they were putting that information in. And so if not brilliant, at least it would be the most consistent application for accreditation that we'd had.

And there was just a lot of fun to it. Because a lot of people, most people really wanted to take that next step. They wanted doctoral programs. They wanted access to other kinds of work that comes more easily with a school of public health rather than a program in public health. So yeah, that was again a, I'm willing to do the scut work and then with teams to figure out what the right directions and work is that needs to be done. And you've got to kind of have both to do something like accreditation. I mean, you really can't dictate from on high, especially in a place where most people haven't gone through this kind of process before. Or haven't done it together across two universities. The previous iteration was a very respected, really good master's of public health, originally run with three institutions, with Oregon State being one. But they were programs that ran around the discipline. And they didn't do as much overlap among the institutions that I think originally had been involved.

So when you brought those two universities together, you had the capacity for physically being close together, a chance to get know each other really well. It wasn't that hard to have a meeting varying between the two universities and get a lot of conversation going. And getting students more interested in aspects that were not from maybe where they had started at OHSU and at PSU. Now they had the opportunity to sample, especially in their electives, from expertise at both universities. So I thought that would be fun and the two provosts of the two universities let me do it. (laughs)

Horner-Johnson: Well, speaking of provost, that was your next step. What were some of the challenges and success you experienced during your tenure as the executive vice president and provost of OHSU?

33:46

Andresen: Well the first one was, could I do that job when the previous president, Joe Robertson, stopped by my office at Portland State University. Made an appointment, stopped in. And said, "I think I'm going to surprise you." And I thought oh, no, I know you appreciate that we're getting accredited. Because I thought he was just such a gentleman, and he was so attentive to the people at OHSU, even when we were doing more minor roles in leadership. But that wasn't it. Because the provost who was in state was taking care of her father. And her husband had never moved. So he was in Florida. I mean, they were very tight, but they had a lot of trouble spending time. So she was stepping down.

So the idea was that he didn't want to do a search. And so he was going to appoint me interim. And it would be for some unforeseeable time in the future. Everybody treated me like I was the real thing. I did some more training, you know. But the teamwork among people who were in the executive vice president roles and their willingness to share and talk about problem solving, and the people that worked in the office of the provost, and as an interim dean I'd spend a lot of time with them, that value and expertise and intelligence I knew could carry the group through, and that I would do my best to try to catch up with them.

So I said yes. But the hardest thing was to decide to say yes. And then the president and I decided that we might as well put actually a time period on it and make me the permanent until some time. And I'd really thought about and planned to retire at sixty-seven. So I wouldn't have been appointed from within for a really long period of time. I always think that a fully public [search] with a lot of different kinds of candidates is the right thing to have. And OHSU does very open searches, and faculty and students and staff and other leaders have a chance to get to

know and weigh in on the decision. So you know, new blood would be potentially a really good thing, too.

Now as you know, I ended up going past sixty-eight by some. We got a new president who I absolutely adore to this day, you know. One of the smartest people I think I've ever met. And that's saying a lot, given how many smart people we have in administration. So he thought the teamwork worked really well. And I told him if he needed me to stay on, I would. So I did.

But the challenges are the things that you see at every university. And the joys are, also. It's the people. It's the very heavy work that we ask everybody to do at a university, but especially at a really top university, like OHSU. Whether they're mostly in research, mostly in education, mostly in administration. Whatever it is that they're doing, these are people that work way over what a lot of people think of as fulltime. Even fulltime in academic settings. And so, just by the nature of the stress of those jobs and that we have the full pantheon of kinds of people that work at any university, the errors that any of us make, the failures and struggles of people and I find very painful the students, especially, when there needs to be a decision made. Research. Interpersonal problems and equity and credit for accomplishments and all of those things. All of those things happen at all universities. For some of us who have been, women at [more] universities, this has been a lighter load, but not an easy one. None of these things go away because they're part of the larger society.

So I think those were the hardest things. It wasn't the hours, learning how to interact with people on our board, for example, that come from completely different backgrounds than mine. I had to fix my grammar when I was an undergraduate. I've become better at it over time. And the extras that go along with it, some people find very problematic. The social events, the fundraising events, the public components of what happens at a unit, probably because Kevin always goes to all of those things with me. But there was just sort of a joy. You get dressed up in whatever somebody said on the tag that you have to wear. Whether it's formal, black tie, cocktail dresses for women. Whatever it is that the dress code is. And then you go in and know that you can enjoy these people who are coming to do something with OHSU because they really admire OHSU. You can put any other differences aside. But I know that there are some people that find that really hard work to do.

If you like people, you can find the things that you like about people, regardless of who they are. A lot of people find that problematic. To me the hardest was making decisions that were fair. In other words, not making different kinds of decisions for one kind of student versus another kind of student. Or one kind of faculty member versus another. To make them with as much information, as much input as possible, even when in the end some of those times it means that someone doesn't progress in their education, doesn't progress as a faculty member, those kinds of things. Those are incredibly painful.

I'm always willing to grade students fairly by a metric that I've fully explained. I actually was voted the most feared faculty member at Saint Louis University in the school I was in. Because people knew that I wasn't going to give everybody an A. And for epidemiology students, that meant that some people got a B- or occasionally somebody actually flunked. And that that would affect their progress if anything else happened like that again in their program. And yet, you can't give everybody an A. When you think about the work and the output of someone that has gained an A by your metric and you think about just kind of rolling everybody else into that or close to that, I can't do that in good conscience. And I don't.

But the same thing happens when making decisions about not grades, but progressing in education, or someone who has behaved with, behavioral and ethical, outside the guidelines that we accept and that are in their programs and so forth.

So I'd say that's the most painful. The most extraordinary people in the world but sometimes, sometimes there isn't a fit. And sometimes people can't be where they want to be. And there's usually a lot of anger and a lot of sorrow for those folks.

I can say that it was really hard on me, too. I generally didn't sleep the night before I sat down with someone to deliver bad news. I think that's a normal human behavior when you need to do something. But following through with that is fair to the whole. Yeah, those are painful and they'll never go away.

Horner-Johnson: Yeah. Well, perhaps on a happier topic, can you describe the role mentorship has played in your career? Both in terms of your personal mentors and the mentorship you provide to others.

43:07

Andresen: Yeah, there are just so many ways to think about mentoring. I mean, I had teachers who reached in and paid special attention and gave me opportunities in grade school and beyond. And to me, that's sort of an early mentoring where you may not know that you can do something. But if somebody encourages you and gives you the rules of the road that go with it, you can try something that you wouldn't normally have done.

And that really preceded, I mean, to me the classic case was of an undergraduate working on an interdisciplinary degree in Spanish and history. And a professor of history, a woman, I was taking her class in Spanish history. And she took me aside at the end of the course and said, "You're really too smart to write this badly. And I want you to take some writing classes. What have you taken to date?" Well, I did really well in high school, so I got credits for things I didn't have to take when I got to college at the University of Washington. One of them was composition in English and so forth. So I signed up for an English class. It was way more basic than I needed. But some very standard habits and understanding of—like I'd lost track of what a paragraph was supposed to have. At least three sentences. A beginning, middle and an end, you know. Transition to the next paragraph. That sort of thing. Repetitive words. Some aspects of grammar that really needed more work from me. Extending my vocabulary to not use the same words all the time when there would be a different one that would explain something better.

And that's the first time I remember what I think of as a real mentor who's willing to deliver a piece of bad news and help you with the skills to get to the next stage. I mean by then I thought back and I thought oh, when I was in high school, I got two grades for everything I turned in in English. I got one for the overall grade and the thinking that went into it, the ideas. And the other one for the writing. Which was often something like a C. But they always gave me the A. I didn't pay any attention. And nobody said to me, "Here's what you have to do better. You actually have to put your work into this."

So I remembered that when I started grading students' papers and so forth in master's of public health programs. I made everybody do something that was a reading where they had to be creative and scientific about it. Usually review of an article. But sometimes in some classes it was actually a research project. And I made them give me drafts along the way. And I took some important criticism from the students that they had never received criticism about writing before.

Well, I know how that felt, because the same thing had happened to me, which then I would always share with the class after that first project. But thank goodness for word processors. So I'd go through and do the first couple of pages and then say how the rest should probably be organized. And let them know that they needed to write I suggested they look at the *American Journal of Public Health* as sort of a format. I have had people stay angry with me after a class (laughs) because it felt like there was a lot of writing, you know [...]

But at the end, they had gotten all the way through a more professional project. So mentoring to me sometimes means skillsets. But it means digging in with people to let them know why, and to let them know that both reading and understanding science and writing it, because we're talking epidemiologists, require that you communicate. That other people's work communicates with you, that you communicate with them.

For people who are going into public health practice, the same thing is true. I mean, you have to start thinking in terms of eighth grade English, for example. And you need to learn how to take something complicated and put it into that sort of words. So some of it was the technical aspects that I felt really gave me a chance to move forward without people noticing that I might not have had the higher education from parents that some folks had. But more than that, I think, since people throughout my career have reached in and given me an opportunity, it's that same sort of thing is when you see that people are very interested in things and they might be stopped by whatever environment they're in or the team that they're in, or that they're not thinking of the next step, those are chances to have great conversations, whether they're once or whether they take a matter of years of getting to work together.

And the best of those relationships are things like, you know, I'll just out you here. We started working together when you were a postdoc. And some of those had to do with steps that had to do with the team you were working with, or it was hard to make those next steps. And now you're a major funded researcher. I didn't have anything to do with that. All of that was there. But the chance to put heads together and problem solve, not that somebody who's in a mentoring position will have all the answers, but might have avenues of people to talk to and sort of a critical piece of reading that seemed to start filling in gaps and so forth. And so it's giving back because if not for those kinds of people, I wouldn't have had as many doors open as did. And I think, especially for women, that the opportunity to have doors open for you repeatedly, so you have a lot of choices, and what you're doing now will give you more of those doors and choices, is just critical to getting more women higher up in research and administration in universities and corporations and all of those things. And that's what we need. I believe the research that the more different people that are in a room, the better an organization does. So you know, getting more people in those rooms to be helping make decisions or to be making them themselves is super important.

So it's not hard work. It's just a joy to get a chance to share ideas that you had to work really hard on. And when you finally figured them out and then somebody gave you a piece of reading that actually had those answers in them. But then there's a place to pass it on so that someone doesn't have to learn it from square zero again. That those are the things that I think get problematic in universities is some people get a lot of attention and a lot of advice and some people don't. So the mentoring relationships need to be embedded and enriched, especially at universities, to give people a fair chance.

Gender is the thing that I've seen the most. But the equity that comes from a lot of other groups, race, ethnicity, religion, language, disability. I mean, you and I could come up with a very long list. Those are all places where mentoring needs to be consistent. Should be rewarded

by the university in order to make sure that we're kind of the richest community that we could be.

Horner-Johnson: Absolutely. Are there any other insights or memories you'd like to share before we wrap up?

Andresen: I'm just going to limit it to OHSU and talk about one of my first experiences, which is, you know, you've got to get a TB test, so you need to go to employee health and get your bus pass, you know, all those things that happen in the first few weeks. And I just couldn't get from place to place. And our mutual colleague Don Lollar was gone for the first week I was here, because he would have walked me anywhere. But I didn't want to ask one of the staff to walk me. So anyway, I would be standing and looking at the map and looking up and looking around, trying to figure out out of all the fir trees which direction which buildings were. Because the buildings on the map didn't have a three-dimensional look to them, so I wouldn't know where I was. And I was never there for more than ten seconds, I would swear, before somebody would say, "Are you lost? Can I help you?"

And I would say, "I'm looking for the 'whatever it is.' If you can just tell me if I'm pointing in the right direction."

And they always walked me there. Every single time, somebody would say, "I can be late to this meeting." Or, "You know, I'm not really headed to anything with a schedule." And then they would walk me to the building to make sure that I got to the right place. Or inside the building. And that's just not the way people in any of the institutions or the communities that I've lived in have behaved. Everybody's in a real hurry. And when you stop and ask people for directions, they'll often tell you where the map is that's on the wall somewhere. Or they'll point to where the first thing you need to do is before you take a left, and then you're on your own after that. It's not that people are unkind; it's just that going that extra for a community member. I mean, they wouldn't have known if I was a patient or a visitor or a student or a faculty member or who I was. And they would still see that puzzled look and then just step right in.

So that's something that I think we do count on at OHSU. It's something that comes up on surveys. Like as frustrated as, faculty surveys that we've done and the things that could work more smoothly for them. The thing that really gets positive is the community and the colleagues and the people at OHSU. And we're protective of each other. And we look for ways to actually make people's experience here better. I don't know about you, but going up the tram, there's always a confused family trying to figure out the tickets. (laughs) And after I finally got the tram guide person thing on it [my ID card], I could take people up with me and give them a chance to understand they didn't have to stand on the platform; they actually could go inside and see some great views and so forth.

And when one person starts to do that—it was happening decades ago here—you have just a more cohesive culture. So it is the people, and it is the way we feel about each other. And that happened in my first week. So to me, that has been one of those sustaining parts. No matter how challenging it is, either for me personally or for someone, a lot of other people, that there is this thing that you can depend on in terms of the overall community stepping in and your colleagues. That's pretty awesome.

Horner-Johnson: That is. That's a great memory to go into retirement with.

Andresen: Yes. (laughs)

Horner-Johnson: It is.

Andresen: Yeah, I miss the people.

Horner-Johnson: Well, thank you so much. I really appreciate your time talking to me and recording this for posterity. Thank you.

Andresen: You're so welcome.

56:03

[End Interview.]