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Abstracts

Immigrant & Refugee Health

Trina Amog
Clinical Cultural Clash, Oh My: How Cultural Dissonance Diminishes the Placebo Effect of the Patient-Provider Relationship among Cambodian Refugees

The mental state and wellbeing of patients have the potential to elicit an effect on their overall physical health. This phenomenon is called the placebo effect. The placebo effect is effect that the social context and environment has on the health outcome and efficacy of a treatment or procedure. The relationship between a patient and his or her provider has a profound impact on the likelihood of a patient to build a trusting relationship, disclose all sensitive health information, adhere to treatments and providers' recommendations, and produce overall positive health outcomes. This relationship is greatly impeded when language and cultural barriers prevent patients from openly communicating with their healthcare providers and providers from understanding the true extent of the patient's problems. Cambodian refugees have lived in the United States since as early as 1975. Even after residing in the US for several decades now, they still continue to show both significantly poor physical and mental health. I will be examining the relationships of Cambodian refugees within the United States with their healthcare providers and the extent to which a poor patient-provider relationship may be reason for this observed poor overall health. I examined literature via online databases Google Scholar and PubMed. Cultural and language barriers may be preventing the placebo effect of a positive patient-provider relationship from taking effect. This phenomenon may be further examined to develop methods to overcome those barriers to provide better care to a wider range of patients, especially refugees whose needs may require more immediate intervention.

Farah Bishay & Alexandra Pryor
Building a Cultural Competency Program for Refugee Healthcare Providers in San Diego County

The purpose of this research is to increase cultural understanding among refugee healthcare providers within San Diego County, focusing on Iraqi & Syrian refugees. One of the main barriers to serving refugees in the healthcare setting is a disconnect between the physicians and the refugees due to a lack of understanding of the history, politics and culture of refugees. Iraqi & Syrian refugees entering San Diego County are in need of healthcare services that accommodate their cultural preferences and political needs. This research aims to bridge this gap. We aim to bridge this gap through a qualitative literature review, focusing on the following topics: background on the geography, politics, and history, population demography, migration, social structure and cultural norms, patient-physician relationship, and perceptions of health. Following this, we will conduct key informant interviews and focus groups with refugee community leaders, asking them about gaps in our research as well as including them in the discourse on their own health. Our goal is to provide physicians who work with these communities with more accurate data on the social norms, perceptions of health, and the particular needs of these communities, many of whom are dealing with the dual crises of migration and war.

Danielle Davis
Lock Up for What?

Motivation: Treatment for mental health and substance abuse (co-morbidity) patients in the United States is moving away from inpatient psychiatric hospital beds and towards psychiatric services in correctional facilities. This points towards the lack of seriousness in the trajectory of mental health and substance abuse (co-morbidity)

patients, which is not only common to the US but to other countries as well.

Problem: My aim is to show the current prevalence of mass incarceration in mental health and substance abuse (co-morbidity) patients involved with the criminal justice system. Also, how historic changes in mental health treatment might explain why these patients are being incarcerated. My goal is to better understand the situation that helps to make clear why mental health and substance abuse (co-morbid) patients are becoming increasingly dominating in the criminal justice system.

Methods: A literature review was conducted, limiting my search words to mental health and substance abuse incarceration, mental health and substance abuse criminal, triple stigma, and mental health and substance abuse prevalence. The search engines used were Google Scholar and WHO Website.

Results: Based on these reviews, common themes arose such as a relationship between patients and the prison system, more specifically, stigma within mental health and substance abuse, impact from police enforcement, and responsible parties in the diagnostic and treatment process of criminals.

Conclusion: This concise review of mental health and substance abuse (co-morbid) patients in relation to the criminal justice system moves forward global health by bringing awareness to the current climate of mental health treatment and discourse. Currently, the discourse surrounding mental health and substance abuse (Co-morbid) patients encompasses the shift in patients to prisoners. From the literature, recommendations that intervene in the process of becoming an incarcerated patient will be provided.

Kristelle Dealca

The Effects of War and Forced Migration on Refugees from Burma Living in Thailand Refugee Camps and in the United States

Since claiming independence in the 1940s, Myanmar, also known as Burma, located in Southeast Asia has been in a constant state of civil

and ethnic unrest with a militant regime enacting multiple taxes, burning villages, and forcing the local ethnic minorities into unwanted labor. These human rights violations resulted in both the internal and external displacement of its inhabitants, many of whom were part of the ethnic minority groups. I compare and contrast the effects of forced displacement on refugees from the war torn country of Burma and their approaches to addressing mental health in the refugee camps on the border of Thailand and Burma and within the refugee communities in the United States. I identify several factors and patterns for disorders present at each location as well as analyze the mental health services provided. A literature review was conducted using the search engines JSTOR, Academic Search Complete, Google Scholar, Anthropology Plus, PsychINFO, as well as the UNHCR and WHO websites. An analysis of the collected sources is in progress, but initial findings suggest that in both locations, refugees experience negative psychological effects, including depression, anxiety, and PTSD, from experiencing war and undergoing forced migration. The availability and quality of mental health services differs based on location. From this research, I will suggest possible interventions and future approaches to addressing the mental health needs of refugee communities.

Dana Kurlander
A Proposal for an Integrative Approach to Trauma Care for Torture Survivors: The Role of Complementary and Alternative Medicine for Asylum Seekers and Refugees in the United States

Asylum seekers and refugees who have experienced torture face problems of accessibility, cost, and quality of care in the United States' healthcare system. For asylum seekers with Emergency Medical and refugees with Medicaid, accessible medical services are severely limited and do not cover the cost of services that are necessary to effectively address trauma or basic healthcare. In addition to accessibility and cost, are problems of quality, particularly a lack of cultural sensitivity and diversity in treatment. As asylum seekers and refugees are unable to access culturally appropriate

healthcare treatments that facilitate healing from torture, they become stuck in a violent cycle of retraumatization, which negatively affects their physical, mental, emotional, and spiritual well-being. As culture influences how one views health, illness, and healing, treatments must reflect the diverse cultural backgrounds of the patients. This thesis seeks to understand how Complementary and Alternative Medicine (CAM), particularly Acupuncture and Dance Movement Therapy (DMT), is able to account for the United States' healthcare system's lack of cultural sensitivity and plurality of healing methods for survivors of torture. It examines the trauma informed care model of San Diego based NGO Survivors of Torture International and analyzes literature found in various search engines focused on healthcare barriers post-resettlement, asylum seekers' and refugees' perceptions of healthcare in the United States, trauma theory, disease experience, and the efficacy of CAM modalities for treating torture. My preliminary results illustrate that CAM can serve as a powerful healing modality for survivors of torture, particularly asylum seekers and refugees. These findings suggest that CAM should be equally combined with biomedicine to create an integrative healthcare system that is accessible to asylum seekers and refugees without compromising quality, treats the patient as an individual through the incorporation of their personal social, cultural, religious, and economic situation, and is trauma informed.

Alyssa Moyer
Migration and Indigenous Mexican Integration

Indigenous Mexicans residing in their home community often lack access to basic needs such as running water and electricity. As a result, a portion of this population chooses to migrate to other parts of Mexico and the United States. However, some of them end up in the outskirts of cities in the poorest areas of the region. I will answer the question of 'how does migration improve the situations of indigenous Mexicans in terms of access to quality education and healthcare and economic standing?' In order to answer this question I will be focusing on how Mexican indigenous identities affect their access to

social and government institutions both in Mexico and the United States. I will be conducting a literature review of writings on Zapotec and Mixtec Mexicans residing in Oaxaca, Baja California, California, and Oregon. Conditions in Oaxaca are used as a comparison to the conditions of indigenous migrants in other parts of Mexico and the United States. The results of my literature review have shown that indigenous migrants do improve their economic standing through migration but are forced to suppress their culture in order to gain access to institutions. For indigenous people who chose to preserve their culture and speak in native language, access to institutions is very limited. Historically indigenous Mexicans have had very little political power but there has been a recent movement for greater political advocacy. These grassroots movements could present a way for indigenous Mexicans to gain greater access to institutions and can be used as an example for other migrant groups with limited political power.

Alexandra Pryor
The Validity of PTSD as a Concept and Sleep as both a Predictor & Remedy for PTSD among Refugees in Jordan

With the current political situation in Iraq and Syria, refugees in Jordan have experienced high levels of trauma. These populations of refugees are currently being diagnosed with trauma-related mental illnesses including PTSD. In some Middle Eastern populations, PTSD rates are reported to be as high as 70% (Afana 2012). It has been discussed among academics whether PTSD is a valid diagnosis for non-US populations. This project examines the arguments related to PTSD as a valid concept in global mental health and studies the appropriateness of PTSD diagnoses, particularly its advantages and disadvantages among refugees in Jordan. Additionally, this project investigates the role of sleep in the diagnosis and treatment of PTSD among trauma victims. I conducted a literature review and engaged in qualitative methods, specifically participant-observation, qualitative questionnaires, and semi-structured and open-ended interviews in Jordan and in the United States. Trauma related mental health

illnesses are culturally dependent; however, PTSD is a valid or "good enough" (Good et al 2016) measurement for trauma and treatment in Jordan. Additionally, sleep disturbances as a symptom can be used to diagnose mental health illnesses, and the treatment of sleep disturbances is found to lower the severity of PTSD. These findings demonstrate the appropriateness of using PTSD as a measurement for mental health because a PTSD diagnosis organizes possibility for potential treatment. The correlation between sleep disturbances and PTSD suggests future global mental health interventions through training lay-persons to diagnose and treat sleep disturbances as a way to alleviate PTSD.

Yazmin Tenorio
The Invisible Refugee Crisis: Haitians on the US-Mexico Border

Background: Since May of 2016 over 40,000 Haitians have arrived from Brazil to the US-Mexico border (Burnett 2016). Due to the 2010 earthquake, several Haitians sought refuge in Brazil. Following recent political and economic turmoil in Brazil, these Haitians began their 7,100 mile trek. Desperately hoping to be granted asylum in the United States, their journey has been met with constant opposition. Rapidly changing US policies, overflowing immigration detention centers, and discrimination has left these Haitians in an ever-changing state of bureaucratic limbo. As of November 2016, ICE has been deporting these asylum seekers back to Haiti (Johnson 2016). Disheartened by the current situation in their home country and in fear of deportation back to their home country, Haitian asylum seekers have lost hope and have now ceased making appointments with American immigration. Today, these Haitians have been administered Humanitarian Visas in Mexico and have begun to integrate into Mexican society. However, Mexico's social and economic services are already limited and poor, making the arrival of Haitian asylum seekers an additional burden.
Aims: The purpose of this study is to gain insight on the complexity of the Haitian refugee crisis in order to understand their current state and to reflect on how to improve responses to this dilemma. By

shedding light on the urgency of the Haitian refugee crisis, I will explore the ramification of health disparities within today's Haitian refugee population.

Methods: This study is a literature and narrative review that will explore the underlying and historical forces which have caused the Haitian population's displacement as well as analyze their migration journey. Finally, I will examine their current state of limbo within the US-Mexico border. Within each of these points of analysis I will further explore the multiple forms of health disparities that have burdened Haitian asylum seekers. Topics of discussion were selected based on numerous testimonies and narratives that I have noted over the past year while volunteering at the HFiT clinic at Desayunador Salesiano Padre Chava in Tijuana.

1. Johnson, Jeh. 2016 Statement by Secretary Johnson on the Resumption of Removals to Haiti. Department of Homeland Security. Web. November 23
2. Burnett, John 2016 At The U.S.-Mexico Border, Haitians Arrive To A Harsh Reception. National Public Radio. November 23

Bayman Zada
Mental Health of Syrian Refugees in the USA

Syrian war forced millions of Syrian to be refugees around the world. There are more than 5 million Syrian refugees in the world (UNHCR 2017). I want to see the effect of being a Syrian refugee in the USA on the mental health from stress, depression, or post-trauma. The number of Syrian refugees in the USA is very small compared to worldwide hosting, and we started to accept Syrian refugees to come to the state just recently, so we do not have enough studies and research to come up with a conclusion or result about this issue. I tried to look for other refugees from different nationalities, ethnicities, and religions in the USA in the last few years to predict and have an idea about Syrian refugees' mental health by using library research. I also looked how neighboring countries of Syria dealt with the mental health of Syrian refugees and tried to see if we can learn from that. I

want to say that I cannot stop the thought about my Syrian people. I am from a Kurdish ethnicity in Syria. However, a part of me still feels that I belong to Syria regardless of all the hate from the media, the war from neighboring countries, and Syrian citizens toward the Kurds. Regardless, Syrian refugee is a humanitarian crisis. Syrian refugees are like any other refugees in the world where the conditions forced them to leave their countries.

Depression could be the result of social, economy, or politics (Jenkins, Kozelka 2017: 5). By studying and making Syrian refugees health better, we can prevent any similar situation that might happen somewhere else. Mental illness affects the individual, the family, and the community the person live in. It could be scaled up if not solved with more urgency.

References:

1-Janis H. Jenkins (5), and Ellen Kozelka (5)1970 Global Mental Health and Psychopharmacology in Precarious Ecologies: A. Springer. Palgrave Macmillan UK. http://link.springer.com/chapter/10.1057/978-1-137-39510-8_8, accessed April 19, 2017.

2-United Nations High Commissioner for Refugees (UNHCR) UNHCR Syria Regional Refugee Response.UNHCR Syria Regional Refugee. Response.http://data.unhcr.org/syrianrefugees/regional.php#_ga=1.54258859.240771784.1489500018, accessed April 10, 2017.

Mental Health & Substance Abuse

Jasmine Afzali
Cultural barriers affecting Afghan Refugees Mental Health

Problem: There has been an ongoing civil war in Afghanistan that has been going on for decades, that has continued to cause displacement within the country and across the region. Many Afghans refugees leave their country to come to America in hopes of starting over, however many are not able to with the lack of resources. Refugees face mental health problems and do not have insurance to get treated.

Purpose: This study is important because many refugees are left without insurance. They are not able to get the proper care they need; many are suffering from mental illness and PTSD; however, they are unable to get treated. This project is important because it highlights the importance of provision that is needed on healthcare in the United States for refugees.

Methods: A research was conducted on how there are so many health care barriers of refugees post-resettlement in San Diego county. There are limited resources and stress in the refugee camps which can lead to either acute or chronic diseases. It illustrates how these barriers contribute to delayed care for refugees and how they affect their short and long term health. This article helps with my research paper because it shows the barriers refugees face with healthcare insurances in America. There was also a finding on how Muslim refugees have a harder time settling in America due to extreme xenophobia

Results: What was concluded from this study is that refugees, especially Afghan refugees do not feel wanted in America and are placed in a country that is not welcoming. They are not able to afford healthcare insurance, doctors lack the biosocial knowledge, and face many other cultural barriers that affect their mental health.

Interpretation: These results relate to the central problem by showing how people's mental states are affected by the lack of healthcare insurance.

Implications: These results are important in that they show that refugees are still suffering and because doctors do not have a background knowledge of their culture, therefore, they are not able to treat them successfully due to the cultural barriers. One can learn from this study is that doctors need to be more aware of other cultures and that there needs to be better access to healthcare for all refugees.

Farah Bishay
Understanding Mental Health through the Eyes of Religion in Rural Egypt

In 2005, the World Health Organization declared "no health without mental health". In Egypt, it has been difficult to put feet on this claim.

It is especially difficult in rural, low-income and low-resource communities within Egypt, where western mental health care services, such as psychiatry or counseling are met with stigma. Instead of forcing western techniques, this study hopes to gain a better understanding on how to address and overcome issues of stigma and scarcity of resources in mental health through examining the use religion as a tool to better the communities' health.

Aims: The aim of this research and thesis paper is to analyze the relationship between religion and mental health in Egypt in order to then use religion as an unconventional avenue to address the mental health needs of individuals and communities in rural Egypt.

Methods: The main method used in this paper is a qualitative literature review. Research was conducted through PubMed, Melvyl, Academic Search Complete, JSTOR, Google Scholar, as well as websites such as the WHO as well as government websites such as Egypt's Ministry of Health. Some of the search items used were: Culture, religion and mental illness; Religion and mental health; Mental health in rural Egypt; Religion and coping in mental health care; among others. There have been limitations, the main one being gaining access to work that has been done post the Egyptian Revolution in 2011.

Results: The finalized results are currently still in progress. Findings so far all lead to an agreement that religion has large implications on mental health in rural Egyptian communities. This implies that future work can be done with and through religious institutions and leaders to improve mental health in local rural Egyptian communities, as well as other similar communities.

Conclusion: Based on the settled results, I will draw conclusions presenting the impact that religion and religious leaders have on the mental health of their respective communities in rural Egypt. This will then lead me to suggest where further research can take place by asking questions such as: could religious leaders potentially be trained to be local community agents of mental health in their communities? Ultimately, the issue of lack of adequate mental health care is one that is prevalent throughout the Middle East, making this research beneficial and applicable across the region.

Celia Breuer
"The Bottle Is My Wife:" A Qualitative Approach to Understanding Excessive Alcohol Consumption and Intimate Partner Violence in Ugandan Fishing Communities

Identified as most-at-risk-populations, fishing communities in Uganda experience high rates of HIV/AIDS, violence and alcoholism (Tumwesigye et al. 2012). While the correlation between alcohol use and risky or violent behavior has been demonstrated, little is known about community perceptions towards alcohol use and violence in fishing communities. Utilizing qualitative data from in-depth interviews and focus group discussions conducted by the Rakai Health Services Program and Dr. Jennifer Wagman, this thesis analyzes how the setting and attributes of Ugandan fishing communities impact perceptions towards alcoholism that ultimately affect health behaviors, and how excessive alcohol consumption and intimate partner violence have become manifested in these communities. Preliminary findings suggests that poor working conditions at the lakeshore, economic independence and lack of kinship ties contribute to excessive alcohol consumption in Ugandan fishing communities. Many fishermen have developed a "life is short" mentality, stating they drink because they expect to die from disease or drowning and prefer to spend their income on alcohol and entertainment before their death. Accordingly, fishermen do not envision a future and they rely on alcohol to cope with this mentality, which leads to a decline in health and has shown to contribute to violence. Findings indicate that global health interventions must address these perceptions of the community in order to interrupt the cycle of alcohol abuse impacting health, and poor health leading to alcohol consumption as a coping mechanism. Such interventions must take into account the sociocultural and socioeconomic circumstances at landing sites, focusing not only on behavioral change but instead challenging the "life is short" mentality presented by many fishermen.
References: Tumwesigye, Nazarius Mbona et al. 2012. "Alcohol consumption and risky sexual behavior in the fishing communities:

evidence from two fish landing sites on Lake Victoria in Uganda."
BMC Public Health 12(1069): 1–11.

Kyle Callan
Improving Care for Depression across Cultures

The central problem I will be investigating is the diagnosis and treatment of depression in Western medicine. This study is important the burden depression brings to global health. Depression is a leading disease in terms of economic burden and in terms of years lost due to disability. With millions everyday suffering from depression, it should be of utmost importance to improve care for those suffering from this disease. My study differs from traditional studies about depression because I am taking a critical look at the current state of depression care in Western medicine. I plan to show improvements that can be made to increase the level of care for depression patients. My report is not affiliated with my global health field experience, so all the methods performed in regards to my project are personal research. An important finding in my research is that the diagnosis and treatment of depression is not always culturally appropriate. People of different cultures describe depression symptoms in different ways. For example, Americans are more likely to relate depression to mental feelings. On the other hand, Eastern Asians tend to describe depression in more physical terms, somatizing their symptoms. Primary care providers should take a patient's culture into account when screening for depression and when prescribing treatment. The results portray one improvement to be made when caring for patients suffering from depression. As patrons of global health, we can take these results to make future improvements in care for this field.

Judith Garcia Rojas
Analyzing Structural Causes Contributing to Harmful Alcohol Use among College Students

Background: Alcohol consumption is one of the most preventable risk factors according to the National Institute on Drug Abuse. In

2010, the World Health Assembly approved a resolution endorsing a global strategy to reduce the harmful use of alcohol. 3.3 million people die from the harmful use of alcohol in a year; WHO 2014. 86% of Americans over age 18 have tried alcohol at least once in their lifetime; NSDU 2015. Drinking in college is a rite of passage for many college students, in fact almost 60% of students ages 18-22 drank alcohol according to national survey; NSDUH 2014. About 1 in 4 college students report academic consequences as a result from drinking. Other consequences include alcohol-related problems such as depression or sleep issues, unsafe sex, driving under the influence, and sexual assault.

Methods: Comparative analysis will focus on the United States, specifically the county of San Diego, and other member states of WHO with similar national alcohol policies in place. Data gathered through national surveys such as College AIM, CORE, and NSDU. A literature review on prevention interventions was conducted using Google Scholar, PubMed, NSDUH and, Journal of Alcohol and Drug Education.

Aims: The purpose of this project will be to provide a comprehensive analysis about the structural causes contributing to harmful alcohol use as well as the prevention interventions aiming to reduce its negative impacts through policy change and education efforts. The goal is to determine what the county of San Diego can do to create an environment that encourages safer drinking behaviors among college students.

Nicholas Hakimi
Socioeconomic Barriers to Mental Health Care in Mexico and U.S.

Socioeconomically unequal groups in Mexico and the United States have different levels of access to mental health care. Poverty and its many aspects hurt the wellbeing of those that face impoverished conditions, which need to be addressed as an issue of global concern. Mental health stigma and lack of culturally appropriate treatment also plays a role in people's access to treatment of their psychological disorders as well as the amelioration of their existing mental health

problems. My goal within my work is to understand how different socio-economic factors affect mental health care, access to it, and how education campaigns can shift the population's mindset to help those with mental health concerns receive the treatment they need. I used a literary analysis of various studies in order to compile my results. Poverty not only creates various obstacles for obtaining treatments for psychological disorders, but it is also deleterious to mental health as a whole. The stress that poverty incites in people produces mental illness. This barrier to mental health care exacerbates existing conditions and leaves poorer people behind with a large demographic of them having untreated severe mental illness. It is crucial to the overall health of people that mental health become as much of a concern as biological diseases through educational campaigns in order to break down the stigma around it as well as to provide equal access to psychological treatments and care.

Angela Lee
Gender Inequality, Culture, and Depression in the United States

Background: Significantly higher numbers of women are victim to affective disorders; according to the World Health Organization (WHO), over double the amount of women suffer from unipolar depression in comparison to men. However, a related phenomenon seen is that men are more than twice as likely to suffer from alcohol use disorders than women, according to the WHO.
Aims: The goal of this literature review is to explore the various factors that attribute to the gender disparity in depression by looking at different cultural groups in the United States.
Method: Literature was found using WebofScience, GoogleScholar, and statistics from the CDC and WHO were found that pertained to the subject of the social construction of gender, gender inequality, cultural definitions of gender, gender disparity in mental health, and mental health gender disparity within cultural subgroups. Literature reviewed were from sociology, anthropology, biology, psychology, and medical journals.

Results: The preliminary results indicate that cultural and societal gender norms greatly impact depression development, symptoms, expression, and diagnosis through social pressures, expectations, and stigma related to gender. As different cultures have different cultural and gender norms, it affects depression within those subgroups as well.

Conclusions: These preliminary results suggest the harmful effects of gender norms on mental health and the need to promote gender equality to improve mental health outcomes for all genders.

Jae Lee

Reasons to Create Holistic Community Healthcare Centers in Developing Nations

Despite the disproportionate rates in cases of mental disorders and illnesses in developing nations, responses have been lackluster at multiple levels due to economic, social, and cultural perceptions that create a barrier discouraging a stronger commitment to its treatment. Many nations struggling with communicable diseases such as malaria, tuberculosis, and AIDS simply perceive the treatment of mental illness as a costly excess. In social perspective, those afflicted with mental illness are often seen as a drain on society, often resorting to abuse and isolation of the afflicted. Lastly, some cultures perceive mental illnesses as a curse or possession, leading to the belief that they are unable to be treated or cured.

The purpose of this thesis is to dispel these common misconceptions that surround mental health and provide insight into a possible solution formulated from research. Studies from eclectic sources will help to illuminate the fact that affordable care for these patients can be provided long-term, at a low cost. The studies include the economic payoff in treating mental disorders, the significant progress of suffering patients from a 8-week standardized counseling program, a case study that show long-term healthcare can be provided at a low cost, and the study of phantom limbs and its implications in the power of the mind to create realities including pain. These studies will ultimately lead to the formulation of the theory that the shared

delivery model of healthcare should be implemented in developing nations worldwide. As these nations suffer largely from both the financial funding and the shortage of clinicians, they can largely benefit from this model in the form of community healthcare centers which can provide holistic treatment with cultural awareness that take into account multiple factors, strengthening communities throughout the globe.

Farah Rahman
Three Steps Forward, Two steps back: A Critical Analysis of the Decrease in Mental Health In Newly Developing East-Southeast Asian and South American Countries

The "first world" can be defined in many national facets including a strong economy, governmental stability, highest standard of living, or international power and control. The pursuit of becoming more first world, or increasingly developed, is not a new phenomenon, but has been around since colonialism. In this paper "first world" is defined as most urbanized. It has been observed that as countries are moving toward their goals of economic and technological advancement, there is a decline in their populations' mental health. This has lead to an observation of an inverse relationship between becoming more first world and decreased mental wellbeing. The countries that are focused on in this paper are Brazil, India, and Singapore. These countries have very different regions, governmental stability, and national infrastructure strength. While they all began as third world, they each present a different story of success in their attempt to become a more urbanized nation. This study was conducted by library research highlighting the keywords and phrases of decline in mental health, pursuit of first world, rapid urbanization, and fringe population in urban centers. Based on my research I expect to find a complex relationship between rapid urbanization and decrease of mental health with factors such as poor living conditions, low wages, societal pressures, lack of accessible health care, weak governmental infrastructure and a presence mental health stigma. These factors have all collectively rendered these developing societies as regressive,

rather than progressive. As the developing world is quickly moving toward joining other countries in their economic success, it must be noted that progression and first world are usually quantified in urban development. However, the fault in this logic lies in that rapid urbanization does not progress the society on an individualized level and is thus unsustainable.

Alexandra Roberts
Turning Inward While Inside: The Benefit of Mindfulness-Based Psychosocial Interventions with Incarcerated Youth

Background: Mindfulness is a method of stilling the mind, developing self-awareness and regulating emotions. In the USA today there are an estimated 80,000 youth in custody. 90% report experiencing emotional problems such as anger management, anxiety/depression, suicidality and substance abuse. With this disproportionate number of justice-involved youth suffering from mental health disorders, it is not surprising that 20% of those offend between the ages of 16 and 17 reoffend as adults. These youth are ultimately disregarded and become entrenched in an oppressive cycle of criminality which is detrimental to the individual and exceptionally costly to the community.

Aims: Attention must be turned towards introducing contextualized, therapeutic options for youth in custody. This paper's purpose is to address the mental health neglect in correctional facilities and explore the benefits of mindfulness-based psychosocial interventions including Mind Body Awareness (MBA), Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioral Therapy/Relapse Prevention with Mindfulness as an Adjunct Behavioral Therapy (CBT/RP). The economic, political and social implications of the United States' continued apathy towards the mental/emotional health of our incarcerated youth impact global health by painting a picture to the world that our youth become disposable once they enter the justice system and that mental health is not a priority.

Methods: A literature review was conducted to explore previous studies on this topic. Self-reported assessments examined many

emotional, social and mental factors but this paper focuses on three areas: self-regulation, psychological well-being and recidivism. Searches for literature utilized NCBI, Pub-med and google scholar and include the Department of Justice's Juvenile Offenders and Victims National Report. I also reflected on my personal experience working with various justice involved populations as a yoga/meditation instructor.

Results: Qualitative analysis suggests that incarcerated youth benefit from each of the three mindfulness interventions reviewed. These results in tandem with the statistics presented here should inform the prison industrial complex about this population's specific needs and persuade them to adopt such methods for psychological rehabilitation and recidivism reduction with incarcerated youth.

Conclusion: The USA has only 5% of the world's population but 25% of the world's prisoners. Most suffer from mental illness and many incarcerated adults were previously incarcerated as juveniles. Correctional facilities must focus on rehabilitation instead of profits. While mindfulness programs may not address structural violence and institutionalized racism present in our justice system, they attempt to mitigate such damage and focus on developing skills to transcend the cycle of criminality by providing compassionate care to the individual.

Charles Vigilia
Global Mental Health: Contextualizing Determinants and Interventions of Mental Illness

Mental health poses a major global health concern and is strongly correlated with a wide array of medical illnesses and disability. According to the World Health Organization, depression is the leading cause of disability that affects people of all ages and is a main contributor to the overall global burden of disease (World Health Organization). As a result, people across the globe seek psychiatric treatment for their mental health conditions in hopes that clinicians will provide the appropriate remedy for the symptoms improving their overall quality of life. Treatment must be highly

individualized for each patient to accurately target the precursors of mental illness in a culturally accepted and sustainable manner. This thesis will investigate cultural differences and how they contribute to mental health outcomes as well as methods of obtaining accurate diagnoses and implementing individualized and effective treatment plans across culture. In examining culturally appropriate methods of global mental health practices, I reviewed scholarly articles and research papers through a library search using the keywords global mental health, biological mechanisms of mental health, cultural consideration in mental health care, cultural relativism, community health workers, task shifting, religion and spirituality in mental health interventions. The findings show that mental health interventions are significantly more effective when considering cultural context, using community health workers, and incorporating religion and spirituality. This is particularly important in global health as the primary approach to psychiatric diagnosis and treatment are based on western societies with little to no consideration for populations in developing countries. In addressing the global concern of mental illness I will examine gene-environment, socioeconomic, and biological determinants and assess the benefits and limitations of culturally relative interventions.

Women's and Children's Health

Nicole Amores
Rethinking Coercion as Violence: The parallels between Obstetric Violence and Sexual Assault in African-American and Latinos in the United States

Background: Obstetric violence is defined as the bullying and coercion of pregnant women during childbirth by primary health care specialist, such as obstetricians and gynecologist. Although health care professionals are expected to esteem the highest form of quality, access and care in these professions, some procedures, such as cesarean sections, are performed without the affirmative consent and interest of their patients. Instead of being seen as a dignifying

experience, childbirth is seen as a traumatic experience with long-term implications to one's mental health.

Purpose: This research will be used to demonstrate the parallels of institutional and structural violence that takes place within maternal health care settings in the United States among historically disadvantaged groups, such as African-Americans and Latinos. This research will be used to highlight the parallels between sexual assault and how coercion can be considered as a form violence.

Methods: A review of literature was conducted using Google Scholar, Medical Anthropology Quarterly, National Center for Biotechnology Information (NCBI), PubMed, Science Direct, Wiley Online Library, and the Web of Science. Results: An analysis of collected sources is in progress. Initial findings support that disadvantaged groups such as African-Americans and Latinos predominantly experience obstetric violence because of their lack of understanding of their rights.

Conclusion: Conclusions will be drawn once an analysis of the sources is complete. Recommendations includes the need for more cultural competency and preventative interventions for staff members who work in maternal health care settings in the United States to improve the experience of childbirth for African-American and Latino women.

Shayne Beamer
Government Solutions for the Housing Crisis of Rural Tijuana Communities

Within the rural valley communities of Tijuana, Mexico, low-income families are faced with heat exhaustion and poor sanitation as a result of their poor housing structure. Local NGOs such as Project Mercy have fought to provide solutions to this epidemic of the inadequate housing through the use of basic two room houses on cement foundations. Having gone on several outings with project mercy in my life I have seen the countless families who have been saved, but with little improvement in the number of people suffering from Mexico's economic downturn. However, despite all the work they

have down, they have neither the influence nor the funding to make substantial policy changes to remove the political, social and economic barriers that have placed these families in this condition. By relying on the works of Paul Farmer on multi-level global health interventions, this thesis looks to see how housing NGO's such as Project Mercy can expand to a private sector organization to bring long-term solutions to Tijuana housing epidemic. The research in this thesis will focus on the structures of similar housing organizations and their operations and also look into the legal framework of welfare policies for the Mexican government. By using the research on the inner working of Mexican health system a study can be done to best implement an organization such as a project mercy into a Government entity and improve housing projects. The results of this will require abstract thinking, as it applies housing models from New Zealand, community relocation in southern California, and new forms of non-economical welfare to all be reapplied in the connotation to Tijuana's housing crisis. In conclusion, this thesis attempts to solve the Tijuana housing crisis through redistribution of government spending, showing a new way through which other global NGOs can better aid their communities and improve their ties with the local government authorities.

Bianca Devoto
Mothers Finish Last in the "First World": The Implications of Rising Maternal Deaths in the US and Lessons to Be Learned From Community-Based Maternal Care in Ecuador

Purpose: The United States is one of only a few countries, and the only high income country, with recent increases in maternal mortality. Developing countries, particularly Ecuador in this study, have reduced maternal deaths through community-based health programs. This study examines the implications of increasing US maternal mortality, the lessons that Ecuador's maternal healthcare offers, and how these altogether challenge the concept of a developed/developing world in global health.

Methods: Through search engines PubMed, JSTOR, NCBI and Google Scholar, a literature review was conducted using the criteria: US maternal health/mortality, Ecuador maternal health/mortality, Global maternal health, and Community maternal health. Observational studies of the *Ecuador sin muertes maternas* campaign were performed in Puyo and Guayaquil, Ecuador. These methodologies limited research on the effects of *Ecuador sin muertes maternas*, and global maternal mortality data are incomplete overall.

Results: From 2007-2013, US maternal mortality rose from 13 to 28 maternal deaths per 100,000 live births. Ecuador, however, reduced maternal mortality from 107 to 45.7 maternal deaths from 2004-2013. Ecuador's maternal health campaign, *Ecuador sin muertes maternas*, has effectively and equitably delivered care to mothers through home prenatal visitation, community outreach/ education and infrastructure reform. Several limited community maternal health programs have been implemented in the US. But, the US lacks comprehensive, community maternal programs which bridge social and structural disparities among mothers.

Conclusions: Poor maternal health is framed as the weakness of "developing" countries, like Ecuador, as the US and other "developed" countries are upheld as standards of care. However, as this case presents, Ecuador delivers effective, quality maternal care and has reduced maternal deaths. By implementing more personalized, community-based health programs, the US can advance its maternal health. And, if the developed world applies the health models of developing countries, global health will become a more equitable, collaborative field. As US maternal deaths rise, it is critical that the US is included in global health progress, and that Ecuador is utilized as a guide for improved US maternal care.

Neika Fatehi
Saving the Lives of Those Who Give Life: Assessing Maternal Mortality in Sub-Saharan Africa

The World Health Organization has identified Sub-Saharan Africa as the current region containing the highest maternal mortality rate and highlights the urgency for healthcare based programs to evolve in order to reduce the ratio. Primary causes of maternal mortality are linked to direct causes at birth, such as hemorrhage or sepsis, as well as indirect causes such as prenatal and postpartum care. Developing healthcare programs that target direct and indirect factors can help to reduce the cases of maternal mortality, yet development needs to be conducted based upon local sociocultural norms, reducing the economic, cultural, and social barriers to care. The aim of this paper is to understand the best methods that have previously worked or failed in order to identify how health care programs and interventions should be shaped in order to decrease the rate of maternal mortality in Sub-Saharan Africa. By comparing the methods of multiple case studies targeted in different regions of Sub-Saharan Africa, the best practices can be emphasized and replicated in other regions that present similar data. Examining ways to overcome the barriers to accessing healthcare and identifying the leading methods to surpass the failures present in today's programs can help reach the goal of reduction in maternal mortality rates among the women of Sub-Saharan Africa.

Edith Jimenez Flores
Menstruation Kept Behind Closed Doors in India

The UCSD Student-Run Free Clinic Project is a three-site clinic whose aim it is to provide free, high quality, empowering healthcare to the uninsured and underserved communities of San Diego: much of whom are Latin, Spanish speakers. Led by two principle attending physicians, the UCSD medical students in conjunction with clinic volunteers run the clinic under physician supervision. The clinic provides a safe environment for patients and offers comprehensive

healthcare. The most common medical problems it addresses include diabetes, high blood pressure, high cholesterol, asthma, and depression. Specialty clinic consultations including cardiology, dermatology, endocrinology, diabetes, gastroenterology, neurology, ophthalmology, physical therapy, podiatry, psychiatry, and women's health are also offered. The knowledge obtained by studying social theory, history, and case studies can be applied and used to improve the delivery of health services to, in particular, Latin, Spanish-only speaking patients but also the general patients at large of this clinic. Methods: By reading the history of Latin, Spanish-only speaking people in California and San Diego and the social theories attached to it the structural violence and stigma that lead to their current underserved status can be learned. Having knowledge of the history of what makes up a large group of patients at the clinic accompanied with health studies and screenings that have been completed at the UCSD-Student Run Free Clinic Site, more culturally sensitive, respectful, and better delivered health services are possible.

Pangdee Thao
Family Planning in the United States

My thesis paper focuses on family planning in the United States. Family planning is a global health issue that affects many people specifically women. More women have experienced one or more abortions due to lack of family planning options. This may lead to mental illnesses and long term psychological effects. I will use a literature review to explain how family planning ties into and targets other global health problems. I will use database such as google scholars and pubmed to do my research. Studies have shown that by targeting family planning between couples, it strengthens their relationship by having a stronger respect for one another and an increase in happiness level. By fixing this problem it will increase maternal health and decrease child mortality which in all will empower women and alleviate many other problems we deal with in the United States.

Natalie Wyss
CHARM: Qualitative Analysis of Counseling Husbands to Achieve Reproductive Health and Marital Equity's Influence on Women's Health in Rural Maharashtra, India

This project seeks to understand the effectiveness and sustainability of improving women's health through the implementation of male based and focused intervention in the context of communities in rural Maharashtra, India. In this investigation I will evaluate the Counseling Husbands to Achieve Reproductive Health and Marital Equity (CHARM) intervention that engaged 1081 husbands and some 573 young married couples across nearly 250 villages in Maharashtra between November 2012 and September 2013. Additionally, I explored literature concerning historical and modern contraception use and family planning methods in India, gendered differences in perception and understanding about contraception, social nuances of tribal culture and gender inequities in India from sources including PubMed, the WHO, and various other peer reviewed journals. This literature set a context for an analysis of the CHARM intervention. Following this contextualization I looked to in-depth interviews collected from the wives of male participants in the CHARM programs. In order to organize and process the data in the de-identified interviews collected in follow ups I used manifest and latent content to refine the coding process for the qualitative data. Following this evaluation I applied grounded theory to create visuals in the form of dendritic trees to represent connections drawn in the coding process. From these analyses the effectiveness of integrating male partners in educational interventions concerning women's health will be uncovered in addition to a better understanding of the sustainability of such an approach to women's health concerns.

Health Communication/Education

Chanan Raghav Kumar Batra
Land of the Fee and Home of the Brave: A Comparative Analysis of Health Policy in the United States with Socialized Systems Worldwide with Respect to Disabled Populations

Health policy in the United States is currently a hot topic of political debate in Washington DC. In its current system, US healthcare ranks outside of the top ten in the world in terms of quality and effectiveness. One population that is especially affected by this lackluster health policy is disabled individuals. Many disabled individuals in the United States receive poor healthcare as a result of unaffordable medical costs coupled with an unemployment rate of over 80 percent. The purpose of my research is to determine what aspects of health care are driving the cost up and the quality of care down for individuals with disabilities. Moreover, I determine which systems around the world are most successful in supporting disabled populations, and what aspects of their systems can be implemented in the United States to improve care for individuals with disabilities. Through analysis of prior research, found through searching comparative health policies and disability statistics around the world, as well as my own observations as a volunteer in clinics for disabled individuals, I compare the privatized insurance system of the United States with socialized health care systems in Mexico and Vietnam, two countries with similar disabled population numbers. Lastly, issues of social stigma of disability and discrepancies in care based on race, ethnicity, and income will be discussed thoroughly in relation to health policy in the United States. Together, this research is of increasing importance as the rise of disability in America continues at alarming rates. Ultimately, I hypothesize that fee-for-service components of healthcare are driving up costs and should be limited in US health policy, as this model is the most common amongst low-income countries with poor healthcare systems. Rather, the disabled population in the United States would be best served by a more socialized healthcare system,

reducing costs for the lowest income bracket while also providing fair compensation for health practitioners.

Carrie Borwell
A History of Biomedicine and Holistic Health

The investigation centralizes on analyzing and exploring the anthropological and historical reasoning behind the exclusion of certain alternative holistic modalities from being adequately studied or represented in the biomedical community of practice, teaching, and treatment. This study is important because it examines the foundation and motivations behind biomedical studies, procedures and methodologies, as well as the deeply embedded belief structures that deter from the scientific language biomedicine purports to be directed by. This project is different from other similar investigations because, even though this topic is thoroughly explored in an argument for solving certain health conditions or for advocating more health care treatment options, this project accesses an aim for clearly understanding the perimeters that limit biomedical practices. We should all care about the project of understanding the anthropological and historical pathways behind even the most supposedly scientifically sound accepted biomedical and allopathic health systems that determine the structure of our health care today. Some of the important methods used to perform this research included utilizing the UC San Diego Libraries databases, paying attention to historical facts as well as informative scientific articles and studies, interviews from reputable scientists, along with staying true to the aim of Global Health by perceiving the viewpoints from multidisciplinary interpretations. The major results of the research project include the ways that led to the deliberate confounding of some efficacious health care modalities—despite accurate scientific evidence—in exchange for profitable techniques and patented pharmaceuticals, as well as the intentional limitations on the further scientific study of these alternative methods that could illuminate (or logically disqualify) their potential effectiveness through adequate data. These results relate back to the central issue by highlighting an ironic subjectivity

in the biomedical health care industry which currently still holds dire repercussions that can prevent medical professionals and medical students from pursuing and exploring alternative methods as a possible genuine solution, of accessing the most effective methods for elucidating and co-creating the best health care possible. These results are important because they teach the lesson—and weave back the broken bridge—that various alternative health modalities are valuable enough to be worth studying, especially in a way that can keep the biomedical Western medical community innovative, pursued, and well respected as diverse health knowledge expands globally and collectively.

Elizabeth Boystak
Better Integrating the DPP into Black Populations

Type 2 diabetes is growing in prevalence across the US and reaching epidemic proportions. It is the 7th leading cause of death and that is a figure that is likely underreported. The burden of type 2 diabetes is unequally distributed with non-hispanic blacks making up the second highest proportion of the distribution. There is an urgent public health need to address this problem. In this thesis, I aim to understand the disparity by looking at structures and health behaviors, analyze the Diabetes Prevention Program (DPP) and related interventions and understand their effectiveness in black populations. Finally, I will propose policy recommendations for improving diabetes prevention based on my research I conducted a literature review using journals such as the Diabetes Educator and databases such as NCBI to understand the burden of type 2 diabetes and how the DPP has been translated in different settings. Additionally, I used insight I gained from my field experience at the American Medical Association about the DPP and how the organization's prevention and testing efforts are reaching a national scale. My preliminary results suggest that prevention efforts need to be made more accessible and integrated into communities in order to have success. Type 2 diabetes is related many other conditions such as heart disease and kidney disease and a number of other debilitating problems and is a growing global

problem. Prevention needs to be a top priority and ensuring efficacy of prevention methods will contribute to healthier populations.

Chelsea Chang
Development Communication and its impact on Global Health Delivery, Media and Humanitarian Aid

Background/Significance: Development communication is the process of intervening in a strategic or systematic manner with either media (print, radio, telephony, video, and the Internet) or education (training, literacy, schooling) for the purpose of positive social change. The developed Western countries have since post-WWII tried to assist development efforts in former colonized countries, what we now call Less Developed Countries (LDCs), however it is apparent that these efforts 1. Ultimately benefit Western nations at the expense of poorer countries 2. Major aid, interventions, and modernization schemes are based on the historical experiences of Western countries that fail to deliver its promise of economical and social prosperity. Global Health informs and is simultaneously informed by this dichotomy of humanitarian and neo-colonization efforts.
Aims: The research will look at the history, theories, and practices of development communication to understand how media portrayal influence the perceptions of global health delivery on both the Western countries and the global South, how these perceptions increases the number of NGOs and reduce the possibility of interdisciplinary approaches because of limited funding. We will also discuss the largely unsuccessful, top-down, foreign global health delivery efforts of development agencies by contrasting them with small scale programs that involve local participation.
Methods: The presentation will draw information and analysis from a diversity of studies from history, anthropology, sociology, medicine, to other interdisciplinary fields. Studies on the history and practice of development communication, its relation with the changing media field, and its impact on global health delivery will be emphasized.
Conclusions: Interdisciplinary approaches are needed in the portrayal of people in multimedia and that local participation in intervention

efforts at the earliest possible stages is essential for success. Also the NGOs and development agencies are prone to faulty understanding of the needs of poorer countries, and in their efforts of humanitarian aid reduce the efficacy of intervention efforts.

Savanna Ducharm
Six years, Two disasters, One country: Humanitarian Aid Lessons from Haiti

On January 12, 2010, the small Caribbean island of Haiti experienced one of the worst natural disasters of the 21st century: a magnitude 7.0 earthquake. The national capital, Port-au-Prince, experienced an unprecedented amount of damage to its infrastructure leading to much chaos both within the city and other surrounding areas close to the epicenter. As the world bore witness to the devastation, foreign countries, healthcare professionals, and humanitarian aid groups rushed to assist. Despite seemingly good intentions and high motivations of foreign organizations and teams to help, the humanitarian aid that Haiti received had adverse direct and indirect consequences on the lives of Haitians. In the years following the earthquake, the international humanitarian aid community received much criticism for its approach in responding to Haiti post-earthquake. Six years later, from September to October 2016, Haiti experienced yet another natural disaster, Hurricane Matthew, that elicited a similar international response. In reviewing anthropological, historical, and empirical scholarly literature, this paper seeks to explore what lessons were learned from the fallout of the humanitarian aid post-earthquake in Haiti by comparing the international aid to these two natural disasters. In this comparison, the political, historical, economic, and cultural factors that play a role in natural disaster devastation and susceptibility are considered.

Suzy Guan
Wearable Technology: Effects of Healthcare and Health Behavior

With the increasing costs of healthcare and shortage in medical personnel, wearable technology has served as an affordable alternative to attaining a better quality of life and combat the rising costs of healthcare. Wearable technology is defined as "electronic technologies or computers that are incorporated into items of clothing and accessories which can be worn" [3]. This idea of an unobtrusive health monitoring device to be used in the home and community setting emerged in the 1940s and later implemented in the 1960s as a clinical tool in the medical setting to monitor patients [1]. These devices continued to advance and with each decade it served other interests, for instance in the 2010s these devices had a fitness focus [2]. This focus on fitness has probable effects on the health choices and behaviors of consumers by serving as a health monitoring device. It allowed for early diagnosis of disease, preventative measures on users' end through goal adjustments and preventative care. What this means for global health is the utilization of these technologies can reduce healthcare cost, improve efficiency of healthcare delivery, fill the void of lack of medical personnel, and promote better health and well-being. This is pervasive healthcare and a possible solution to the demands and challenges of the healthcare industry. Pervasive healthcare features the use of wireless communication between patients, physicians, and healthcare workers via wireless wearable devices to monitor patients, in turn reducing costs, curving medical errors, and solving the problem of inadequate medical staff [4]. What are the effects of wearable technology on healthcare and health behaviors? Do these devices actually change health behaviors? I will explore wearable technology's contributions to the healthcare industry and individual health behaviors. My research method consists of gathering data from case studies in scientific articles I found by searching the keywords: Telehealth, wearable technology, healthcare, pervasive healthcare, health behaviors in the search engines PubMed and Google Scholar. I will focus my research on the United States to examine wearable technologies effects on the US

healthcare system and lives of American users. My research is still ongoing and can't provide conclusive results now however, my preliminary results shows there are positive effects of these devices on the reduction of medical costs by aiding monitoring patient information. Regarding health behavior change, case studies I've examine have concluded that the use of these devices alone is not enough to change health behavior but needs to be used in conjunction with other behavioral change programs to promote change.

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Arielsela Holdbrook-Smith
Integration of Binational Mexican-American Students into US Schools

With the population of Mexican and Mexican-American students rising in American schools, the question of whether or not the United States' challenged educational system can effectively support these students arises. Particularly in border regions, such as San Diego, the population of binational students is rapidly increasing. However, these students are likely to experience systematic disadvantages that will form barriers to their educational and professional achievements. Through my project, I will examine the process of integration of binational Mexican-American student populations into American educational spheres. I will work with binational Mexican-American students to understand the challenges of integrating into the American school system. My study on integration will also look at the mental health component of adjustment, since mental health issues often are improperly addressed, though they can contribute to significant issues in school performance and overall health. The study will be unique in

that I am engaging the students in the challenge to reform the systematic challenges of integration, by seeking their counsel on intervention and policy recommendations. A strong distinction will be made between integration and assimilation, as my study seeks to acknowledge the social and cultural capital of binational Mexican-American students in US schools, as a contrast to the usually deficit-based framework through which intervention projects for these students often function. Through this project, I have identified strong discrepancies in the mental health of binational students, where the rates of depression in some schools are soaring. Ironically, many schools lack the cultural competency to effectively address these health issues. Barriers in cultural understandings also contribute to discrepancies in academic performance. My project seeks to make policy recommendations to effectively address and close these disparities.

Tiffany Kang
MDG 1, Could We Have Done Better? Lessons Learned from Addressing Poverty and Hunger in Southeast Asia and Africa

For my research topic I will be looking at the Millennium Development Goal 1 eradicate extreme poverty and hunger. Although there has been much progress in achieving this goal, many populations are still severely impacted by these issues with certain regions having shown small progress than others. According to the United Nations (2015) Southeast Asia had one of the highest decreases in proportion of people living under the $1.25 poverty line between 1990 and 2015, presenting 84% decrease. On the other hand, Sub –Saharan Africa showed the least amount of progress in MDG 1 showing only a 28% decrease in proportion of people living below $1.25 a day between that time frame (United Nations 2015). Therefore, I seek to investigate reasons why certain regions were able to show greater progress than others by looking specifically at Southeast Asia and Africa. I am also planning to look at what lessons the global health community can learn from the successes and failures of the Millennium Development Goal 1 in order to distribute aid more

efficiently regarding these issues with the limitations that global health has. My research was conducted using Academic Search Complete and Google Scholar using the keywords "Millennium Development Goal 1", "poverty", and "hunger" and the keywords "Africa." "Southeast Asia," and other countries within the regions. I will define hunger and poverty and common tools of measurement by the United Nations while evaluating case studies addressing poverty and hunger in both areas. I will conclude by arguing that the global health community needs to provide context specific models in terms of defining and measuring poverty and hunger and context specific interventions in order to provide sustainable and effective aid tailored to each community.

Ali Shahsamand
The Consequences of Inadequate Healthcare Infrastructure within Afghanistan

Background: Plagued with war, cultural obstacles, and insufficient resources Afghanistan is a country which has been in the rear view mirror in terms of healthcare innovation. The lacking healthcare infrastructure within Afghanistan has left millions of Afghans without adequate healthcare or any healthcare at all. This negligence in terms of developing healthcare infrastructure has resulted in the perpetuance of epidemic level disease and infection.
Aims: This study focusing on the healthcare infrastructure within Afghanistan seeks to analyze the efficacy of different types of healthcare infrastructure implementation and the presence of healthcare infrastructure in general in regards to disease and infections within Afghanistan.
Methods: A literature analysis using the following search engines took place; PubMed, NCBI, Web of Science, Google Scholar, and Academic Search Complete. Furthermore a comparative and literary analysis was conducted regarding the different methods of healthcare infrastructure implemented within Afghanistan and among similar countries illuminates the effectiveness of healthcare infrastructure in

general and in terms of which type of healthcare infrastructure is most efficacious.

Results: Analysis of collected sources is currently in progress, however initial findings point towards community based approaches having the most efficacious effect within Afghanistan in regards to health outcomes.

Conclusions: Conclusions will be drawn following the completed analysis of the results. Once the results are known recommendations regarding healthcare infrastructure within Afghanistan will be made.

Jessica Sibal
Effects of Land Use on Water Sanitation and Vector Borne Disease in Thailand

Thailand's geography, background, and overall interaction with the environment has led to increasing prevalence of poor drinking water quality and vector-borne diseases. Most of the country relies on surface and groundwater sources, and do not have access to piped water, putting them at risk for diarrheal diseases. In addition, the hot/humid climate, dense population, and large forested areas of Thailand, itself, makes favorable conditions for vector-borne disease within the country. Taking into account the geography and weather of Thailand, I will examine how specific human interactions with the environment can lead to decreased quality of water and increased malaria/dengue prevalence. The methods for this will be based on literature review, which is conducted using search engines on Google Scholar, Pubmed, and JSTOR, using the keywords: Thailand, clean drinking water, contamination, vector-borne diseases, land-use consequences, metal contaminants, fecal bacteria indicator, and deforestation. Although the research is ongoing, preliminary findings have shown that due to agricultural practices, overuse in fertilizers and pesticides, lack of formal sewage infrastructure, metal runoff from mining areas, and overall neglect, the water quality of Thailand has decreased and insecticide-resistance malaria mosquitos have increased (Chareonviriyaphap, 1999; Williams, 1996; Foy, 1992). In addition, deforestation has led to various densities of the Anopheles

mosquito. Without urgent government and public attention, the water quality and disease outcomes from vectors will continue to increase.

Julius Solbes-Moran
Education Policy, Economic Growth in the SD-TJ Border Region, and Their Potential to Reduce SES-Linked Health Disparities

Background/Significance: Health disparities that coincide with Socio-economic Status (SES) is one of the most robust/replicated correlations in all social science. Efforts to foster social mobility can help low-SES individuals avoid the impact of health disparities; education is one of the most effective routes to higher SES, as it opens higher paying employment options to people. US and Mexico have been expanding trade ties for several years, and the SD-TJ border region is a crucial part of that expansion, which may lead to economic growth that can promote social mobility among the Latino/Latina population of the city.
Description of problem/research question: This paper attempts to show the role education can play in enhancing social mobility among high school students at San Diego Unified and Sweetwater Union school districts. It will also discuss obstacles that prevent students from attaining their educational aspirations, and what interventions can help students surmount these barriers.
Methods: Analysis of peer reviewed educational, sociological, economic, and policy research articles focusing on numerous settings, but particularly focused on Southern California and San Diego in particular. Data on educational and health data, as well as household level economic data from the national, state, and county level was also factored into this paper's analysis.
Results: Analysis of the compiled information is on-going, but current results suggest that there are several possible interventions, such as tailoring junior college curriculums around the competencies desired by employers in the region, or by clarifying the process of transferring from junior college to a 4-year college/university to current high school students.

Conclusions: Conclusions will be done following source analysis. Recommendations will be based off this analysis.

Agapi Tshamjyan
Examination of the Role of Prevention and Treatment in Disparities Seen in Non-Melanoma and Melanoma Skin Cancer Mortality Rates among Non-Hispanic Whites, Hispanics, and African Americans in the United States

Background: Non-melanoma and melanoma skin cancer rates have been on the rise for the past half century. These cancers arise due to skin damage caused by extensive exposure to UV radiation. With a new awareness of the damaging effects of UV radiation and new advances in medicine, these previously deadly cancers have been transformed into manageable chronic diseases if detected in their early stages. Despite new advanced treatment methods and public health prevention efforts, mortality rates among various U.S. populations have been rising. While Non-Hispanic Whites have the highest rates of incidence for these skin cancers, Hispanics and African Americans often present with thicker tumors and have higher mortality rates.

Objectives: To determine the core causal factors contributing to the disparities among the Non-Hispanic White, Hispanic, and African American populations I will examine the public health prevention methods that are in place to inform the public about these diseases and consider the possible failures within this system to create equal access to all members of society. Furthermore, I will discuss the U.S. healthcare system, the critical role it plays in the early detection process of these diseases and the ways in which it's failures contribute to the inequalities that are observed among these three U.S. populations. Additionally, I will consider the biological, lifestyle, social and physical environmental factors that create these inequalities in society.

Methods/Results: Through review of journal articles and case studies

it can be concluded that the core casual factors of these disparities arises from the continual process of overlooking the social, economic, and environmental factors that put certain groups at risk for these diseases. Lower socioeconomic status (SES) areas are heavily populated by Hispanic and African American populations. These groups are at a greater disadvantage in comparison to their white counterparts due to barriers that prevent them from gaining access to prevention methods. The lack of access to the information combined with the limited access to treatment based on the type of health insurance puts groups that are in lower socioeconomic areas at a higher risk of late stage diagnosis and higher risk of death.

Conclusions: The process of overlooking social, economic, and environmental factors when creating public healthcare policies and prevention programs has greatly contributed to the disparities observed among the Non-Hispanic White, Hispanic and African American populations in the U.S. In order to remedy these inequalities and bring equality in diagnosis and treatment for the entire U.S. population, these external core factors need to be considered to establish prevention methods that will reach beyond the structural barriers present in the lives of Hispanics and African Americans. Prevention policies should reflect early education in primary schools for children of all states and grant access to treatment to all individuals in society regardless of their socioeconomic status or type of health insurance policy.

Community Empowerment

Joleen Chen
Understanding the Sociocultural Determinants of Oral Health: Community-Based Interventions in Oral Health Promotion and Reducing Oral Health Disparities in the Asia-Pacific

The maintenance of good oral health is an essential factor in good overall health, quality of life, and disease prevention. Poor oral health is correlated with oral diseases such as dental caries, periodontal

disease, edentulousness (tooth loss), oral mucosal lesions, oral cancers and orodental trauma that affect people's daily lives, social functioning and wellbeing. According to the World Health Organization, nearly 5 billion people worldwide are affected by oral diseases, the most prevalent of non-communicable diseases. Global problems continue to persist regarding the burden of oral diseases worldwide, particularly among underprivileged and poor population groups in both developed and developing countries. The burden of oral disease remains prominent in Low and Middle Income Countries (LMICs) throughout the Asia-Pacific region. This thesis examines the impact of sociocultural determinants of oral health on poor oral health statuses in Papua New Guinea and the Philippines. Sociocultural determinants that negatively affect oral health may include poor living conditions, low levels of education, social and physical environments, among other risk factors. Observations were made during community health engagements conducted by the 2015 Pacific Partnership humanitarian mission in the regions of Arawa and Rabaul of Papua New Guinea and in Roxas City, Philippines. These observations revealed that low oral health awareness and a lack of access to healthcare facilities both play a role in poor oral health status of these populations. Understanding the risk factors of oral health in these communities is critical to reducing the high prevalence of oral cancer associated with betel nut consumption, preventing tooth caries and associated oral health diseases, strengthening local oral health initiatives, and educating the public on basic oral hygiene practices. The project ultimately aims to address the question of how might we might improve oral health status and create sustainable measures for increasing oral health education and access to oral health services for impoverished regions of the Asia Pacific? Promoting better oral health practices and prevention programs are not only essential for reducing oral health disparities among these populations, but also for achieving improved oral health statuses globally.

Cathy Looc
With Liberty and Food Justice for All

In the United States of America, 72 billion pounds of food waste, or food that is disposed or lost uneaten, are generated each year. Ironically, 42.2 million Americans struggle with food insecurity, or the lack of access to a steady amount of nutritious food, every year. Food justice needs to be addressed because every human in this world needs food to survive and thrive. Additionally, food insecurity is associated with chronic illnesses, such as hypertension and diabetes, the precursor for other incurable illnesses. Food insecurity also disproportionately afflicts people with low socioeconomic statuses, who are mainly people of color, creating more disparities between the different social classes in America. People of low socioeconomic status who face food insecurity also tend to live in food deserts, or areas vapid of fresh and affordable fruit, vegetables, and other nutritious foods. Through my field experience with Alternative Breaks at UCSD Plenitud Puerto Rico on an organic farm in Las Marías, Puerto Rico, I saw how simple it can be to provide fresh foods for people of all backgrounds. We built a community garden using cow manure, cardboard, and mulch; eventually, these materials would compost into fertilizer. The benefits of community gardens in low-income areas in the U.S. are plentiful: access to affordable and nutritious foods, community engagement and empowerment for social activism, decrease in chronic illnesses, clean air, decrease in pollution, an increase in positive mental health, and more. Community gardens in low-income areas are a tactful, feasible, and engaging way to tackle food insecurity and environmental sustainability issues in the U.S. Food affects all entities in this world, whether it is the earth, animals, or humans. Food justice issues are extremely intersectional and interdisciplinary with all social justice issues, which is why food justice affects everyone and everything. Food justice matters because food should be a right for all.

Lopez, Selena
Non-Conforming People of Color in Mexico/The Influence of Social Suffering on the Mental Health of Indigenous Oaxacan Women of México

Background: A long history of colonialism and prejudice against indigenous bodies has resulted in marginalization and unequal power structures that currently reinforces internal and external oppression. In this way, racial identities continue to endure psychological and emotional trauma that contribute to feelings of low self-esteem and self-worth that unfairly serve to perpetuate a system of poverty and inequity among people of color.
Aims: Indigenous women in Oaxaca, Mexico disproportionately carry the brunt of social and economic stress that combine to reduce positive health outcomes. This paper seeks to addresses their emotional and psychological outcomes.
Methods: This analysis will be based on numerous interdisciplinary literature on not only Oaxacan culture and Oaxacan health trends, but also on discrimination, social suffering, mental health, colonialism, colorism, and worldwide health patterns for indigenous people.
Conclusion: To make sustainable improvements in the health of indigenous people, structural components feeding inequity must be addressed. Without closely examining these systemic barriers, communities will fail to be liberated and thus its impact will be short-lived.

Nare Hakobyan
Contributing Factors of Successful Aging and the Role of Public Health Policies

Background: New advances in healthcare and changes in lifestyle have resulted in the rise of the elderly population as life expectancies have increased in the past century. Although, the United States has developed programs to help the elderly community, the continuous advances in medicine and lifestyle changes will continue to increase the life expectancies of individuals. As a result, there are new issues

that should be addressed by public health officials and calls for new policies and programs to better accommodate the needs of the elderly. Studies done by Goldman et al., Bennett et al., and Cole et al. respectively, estimated that there will be a doubling of communities 65 and older, resulting in demographic shifts in our population, and creating a greater need for specialized geriatric physicians, which is a field that's currently understaffed.

Objectives: There will be an increase in healthcare demand and financial costs in the near future. Hence, it will be essential to re-evaluate already existing policies and programs for the elderly in the U.S. and propose new ones as well to help them achieve successful aging by minimizing possible obstacles and complexities that come along with old age.

Methods/Results: By examining research highlights by Rand Health, reviewing journal from JSTOR, exploring proposals by WHO, and AARP, I found that by addressing issues such as creating age friendly environment, providing accessible transportation, housing, and social participation etc. we can improve the aging experience of all individuals. Special focus on providing quality healthcare regardless of social status and creating intergenerational interactions are also key aspect of providing a prosperous experience in aging for all.

Conclusion: The issues that will be addressed not only apply to elderly in the U.S. but can also be expanded to better the aging experience of people all around the globe.

Dania Jafar
The Flint Water Crisis and Structural Violence: Looking Back and Forward

Aims: To show that structural violence was a key element of the Flint Water Crisis. Due to it, the issue was not addressed quickly. It was never addressed adequately and the problem continues to this day.

Through my research, I show the serious health effects that drinking lead-laced water has had for the residents. The crisis has also had a grave economic impact on Flint's residents. The crisis has also taken a toll on their mental health. I will explore the various aspects of the crisis, and the structural violence which is ingrained in the issue.

Methods: The methods that I used to collect this data is through peer-review academic sources, as well as news articles.

Results: I will discuss the health, economic, and psychological effects that the crisis has had on Flint's residents.

Conclusion: If it weren't for racism, this would have never become a crisis because it would have been addressed swiftly. It is the structural violence in society that keeps people in a vicious cycle of marginalization. The U.S. needs to have water-quality laws, and counties need to take measures to adhere to water-quality standards. If they do not do so, they should be penalized. I will discuss the state of the crisis as it stands today, and the implications it has for the future for Flint's residents.

Shivani Mehta
The Effects of Ambient Air Pollution on Human Health: A Study on the Interrelationship of Socioeconomic Status and Air Pollution Health on Individuals in Chile

As Chile transitioned into a developed country, the country underwent its own industrial revolution. Industries and factories were the country's leading economic powerhouses; however, this came at the cost of severe environmental degradation and hazards. Air pollution in Chile has been a rising concern in the past four decades. It is now deemed by the Environmental Ministry as one of the most polluted countries in the world. Chile's Environmental Ministry declared a national emergency due to the high levels of air pollution, which is extremely hazardous to the civilians' health. Air pollution leads to severe health impacts some of which include: chronic and

acute respiratory diseases, lung cancer, asthma, stroke, heart attack, premature deaths, and myocardial infarction. A literature review is conducted through PubMed and ScienceDirect to analyze the unequal exposure and effects of air pollution based on socioeconomic disparities. The paper hypothesizes that low socioeconomic areas in Chile suffer from higher exposure levels of ambient air pollutants that led to unequal health outcomes among these individuals, compared to high socioeconomic status. Differences in age, income, working and living conditions are all of the many socioeconomic determinants that will be addressed in this paper. Case studies, specifically time-series analysis that measure Chile's air quality with socioeconomic data, is used as a method of analyzing the association of the effect modifier. The knowledge of environmental inequality can be the first step towards environmental justice which will help shape future global health interventions. If there is a positive correlation between low socioeconomic status and increase risk air pollution health, then future policy-makers can create effective legislation that is specific to the community level risks that certain high-risk individuals face.

Community Health

Edith Arellano
Improving the Delivery of Health Services to Low-income Communities of San Diego in Free Clinics by Using Social Theory, History, and Case Studies

The UCSD Student-Run Free Clinic Project is a three-site clinic whose aim it is to provide free, high quality, empowering healthcare to the uninsured and underserved communities of San Diego: much of whom are Latin, Spanish speakers. Led by two principle attending physicians, the UCSD medical students in conjunction with clinic volunteers run the clinic under physician supervision. The clinic provides a safe environment for patients and offers comprehensive healthcare. The most common medical problems it addresses include diabetes, high blood pressure, high cholesterol, asthma, and depression. Specialty clinic consultations including cardiology,

dermatology, endocrinology, diabetes, gastroenterology, neurology, ophthalmology, physical therapy, podiatry, psychiatry, and women's health are also offered. The knowledge obtained by studying social theory, history, and case studies can be applied and used to improve the delivery of health services to, in particular, Latin, Spanish-only speaking patients but also the general patients at large of this clinic. Methods: By reading the history of Latin, Spanish-only speaking people in California and San Diego and the social theories attached to it the structural violence and stigma that lead to their current underserved status can be learned. Having knowledge of the history of what makes up a large group of patients at the clinic accompanied with health studies and screenings that have been completed at the UCSD-Student Run Free Clinic Site, more culturally sensitive, respectful, and better delivered health services are possible.

Samantha Benedicto
China's Integrated Healthcare System and its Effects on Health-Seeking Behavior for Chronic Pain

Traditional medicine, as defined by the World Health Organization, is the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures used not only in the maintenance of health, but also in the prevention, diagnosis, improvement, or treatment of physical and mental illness. However, traditional medicine is often termed "alternative" or "non-conventional", especially in countries where the dominant health care system is based on biomedicine (Xu & Chen 2011). This is problematic because it presents traditional medicine as an "other", limiting the potential for benefitting from medical systems different from mainstream biomedicine. Integrating systems of healing considered as "alternative" with Western biomedicine provides enhanced forms healing, moving Global Health forward in the way it approaches illness and care. When considering different medical traditions around the world, China stands out in its embrace of not only a rich tradition of Chinese medicine, one of the world's oldest medical systems with its practices rooted in Daiost philosophy, but

also Western biomedicine. Consistently treating these two systems equally in both economic and political respects, integrated medicine is a national policy (Jingfeng 1988). An integrated medical system is a key foundation to influencing how people seek treatment in the first place, leading to the question: what influences the type of treatment sought by the Chinese people for chronic pain? Analysis of peer-reviewed anthropological sources found through Google scholar, my personal experiences of observing urban and rural hospitals in Kunming, China, and personal interactions with doctors of both biomedicine and Traditional Chinese Medicine (TCM) show preliminary results of the success and quality of China's integration of healing systems impacting the Chinese people's beliefs about biomedical and TCM treatment, accessibility to each type of treatment, cultural customs influencing treatment sought, and overall health-seeking behaviors for chronic pain.

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Ethan Cvitanic
The New Green Revolution: Community Responses to Unequal Air Pollution Distribution in South Los Angeles

South, Southeast Los Angeles has the worst air pollution in the entire U.S. The effects of air pollution exposure have resulted in asthma rates for children that are four times the national rate, as well as respiratory problems that continue into adulthood. Living in this area contributes to the health outcome equivalent of continuous secondhand smoke exposure. This paper evaluates various approaches that the city of Los Angeles has established to reduce pollution and the numerous ways in which those methods either failed or fell short. In response to the delayed protection from city officials, the community of South Los Angeles has utilized their own resources, through community based participatory research, to identify and

quantify the damaging impact of air pollution. Additionally, the community has organized to regulate pollution via public-private partnerships and through an increased role in local government. Public transportation modifications, the addition of bike lanes, green spaces and efforts to shut down refineries are all recent efforts that will all be reviewed for their effectiveness. To determine the impact of these partnerships I will rely on qualitative data, as presented by The Southern California Environmental Justice Collaborative, a grassroots organization that connects different universities with vulnerable communities and air quality data provided by the South Coast Air Quality Management Board.

Alisha Donnell
Tijuana River Watershed and Border Partnerships

Background: The pollution from the Tijuana river watershed is causing unsanitary water supplies to rise in the canyon regions of Tijuana and Tecate. The untreated water is also causing harm to the Tijuana Estuary located in Imperial Beach, San Diego. A political border exists between the sovereign land of Tijuana, Mexico and San Diego, California which complicates the effectiveness of water treatment on both sides. The undertreated water flowing from the river has persisted since the 1930â€™s. This problem needs to be resolved in order to provide sustainable living standards by providing usable water for civilians living in Tijuana and Tecate. The resolution of untreated water in Tijuana will also decrease the harmful effects of pollution on the national ecosystem sustainability project, which embodies the Tijuana Estuary and surrounding bodies of water in Imperial Beach.
Aims: This paper proposes an improvement to the border partnership programs and analyzes the effectiveness of private-public partnerships in the restoration process towards federal standard water qualities for bodies of water occupying the Tijuana Canyon and Imperial Beach. Analyzing history of proposals made by officials as well as speculating current water quality standards and treatment

methods used to protect locals from the effects of undertreated water will lead to a hypothesis measuring the necessity of a delocalized treatment plan and the priority of improving the quality of water and living conditions in the Tijuana Canyon.

Methods: A literature review, using sources such as Google Scholar, was conducted. And empirical data was collected from the Center on Global Justice - UCSD Cross Border Initiative.

Results: Analysis in progress will show whether there is favor towards water treatment initiatives that are publicly owned and privately funded by smaller businesses or a decentralized private systems that are ran in the U.S.A and Mexico; moreover, whether a program consisting of more political contribution from the Mexican government is more effective due to the the needs and infrastructure requirements necessary for the Tijuana River pollution to be reduced dramatically

Conclusion: Further analysis will result in a proposal for an improved water treatment plan conducive to Mexico and the United States federal standards.

Ashley Emuka
The Case for Supervised Consumption Facilities in Tijuana: Global Health and Drug Policy

In Tijuana, the rapid spread of HIV is quickly becoming an epidemic. Drug abuse and syringe sharing are also quickly becoming major contributors to the increasing incidence rates. In addition, high levels of migration, marginal housing, and public drug usage in the border city expose its residents to higher risk of the disease. The poor access to already inadequate services gives way to a need for a Supervised Consumption Facility (SCF), as an intervention. SCFs are spaces where people can freely inject drugs in a private space; there, they can use clean needles to consume their drugs, receive public health knowledge from workers who monitor the site, and get information on treatment services. This research presents an argument for opening the first Supervised Consumption Facility in a low-income country, with Mexico having an optimal legal environment. This study

conducts a review of literature across several academic databases, such as NCBI PubMed and Google Scholar. Data also originates from the University of California, San Diego School of Medicine Interest Group on drugs and law enforcement, led by Professor Leo Beletsky, and the El Cuete organization. From the research done, there is overwhelming evidence that a SCF would actively protect against the high HIV risk in Tijuana by providing a space that contains the disease. They also allow people who inject drugs (PWID) to have access to necessary services, and evaluations of SCFs show that they ultimately reduce harm of PWIDs. These facilities are the best way to curb the impending epidemic while addressing the public health concern of drug abuse, moving away from harsh punitive policies established by the global War on Drugs failure. Supervised Consumption Facilities are a successful integration of global health and law.

Cassidy Estep
Albino Discrimination and Mutilation in Tanzania and its Effects on their Health and Wellbeing

The country of Tanzania is experiencing a national crisis, as the albino population, within the most recent decades, has been hunted by witch doctor-driven mobs for their limbs and organs. Persons with albinism (PWA) in Tanzania have long been victim to discriminatory behavior, this current security crisis has only deepened the existing intolerance, making it that more difficult to resolve the dilemma. In comparison to the rest of the world, albinism is immensely more prevalent throughout Africa, than in any other region of the world. The research for this paper will specifically focus on the country of Tanzania, not only due to its high estimated rates of albinism (1 to every 2,000 persons), but because it is witnessing the highest recorded amounts of mutilation and murder against PWA than any other African country. Although the full analysis of this crisis has not been completed, it is clear that it is causing detrimental effects on both the PWA health and well-being, as the population is unable to maintain an ordinary Tanzanian lifestyle. Recent statistics show that

the average life expectancy of an individual with PWA in Tanzania is half of the national average with a maximum life expectancy for PWA of 40 years of age. Based on these results, we can conclude that the country is in desperate need to develop measures to aid the albino population. This paper will discuss the current and potential future policy and program recommendations both at the government and non-government organizational levels to improve the welfare of the albino population.

Lauren Fleming
The Modern Evolution of Homo-Sedentarius*: A Budding Public Health Problem with Practical Solutions

Current research regarding the health burdens associated with prolonged sitting suggest a wide of variety of risks produced by sedentary behavior. There is no continuum between sedentary behavior and maximum physical activity; rather, prolonged sitting poses risks that cannot necessarily be mediated by the effects of physical activity. This is particularly problematic for sedentary office workers and other professionals whose work requires a substantial amount of screen time. For these individuals, the long-term implications of sedentary behavior include compromised neurological and cardiovascular health, orthopedic problems, and increased cancer risk for many organ systems. In recent years, there has been a wealth of research exploring the practical applications of workplace interventions to promote physical activity, introduce ergonomic workstations, and change cultural norms surrounding sedentary practices. Several key findings from this research were assimilated into an informational presentation and disseminated to small businesses and start-ups in the San Diego area. Representatives from these businesses provided their feedback regarding the practicality and desirability of specific interventions. The information gained from these surveys, in addition to the recent peer-reviewed literature, provide valuable tools for designing a scaled-down public health intervention for service-based economies. Any intervention to address the problems associated with prolonged sitting must be context-

driven, easily adopted, and both ergonomically and logistically appropriate. Furthermore, successful interventions lay the foundation for viable policy proposals to improve labor laws.

Michelle Garibay
Ocean Afforestation to Combat Climate Change and Protect Human Health

The purpose of my project is to consider the indirect effects and unanticipated consequences of global warming on public health, including displacement and disease, and to discuss how ocean afforestation can be used to tackle climate change for the safety of people. It is important to analyze and prioritize health's greatest threats, beginning with assessing the most dangerous to our species survival. The problem observed in my research is that high, and increasing, levels of carbon dioxide is causing climate change, which is disrupting weather patterns and making affected areas less habitable. As global warming increases, so do the amounts of areas affected, causing human displacement and creating various health disparities. The methods I used to conduct my research was the library, reviewing the work of others, especially via JSTOR, using key terms such as "health effects by climate change," "health disparities by global warming," "climate change effects on mental health," "afforestation for climate change," and "afforestation for human health." My studies varied across public health, psychology, human development, and environmental science. Based on the research I analyzed, I expect to find the results for the hypothesis of implementing ocean afforestation to combat and alleviate excess carbon dioxide to be found to successfully reduce global warming, reduce crisis, and decrease health disparities. This thesis helps global health because it takes into account a major culprit of health disparities that is often overlooked, and it presents a beneficial and sustainable way of tackling the problem, minimize threat, and protect human existence.

Sahar Khan
The Effects of Medical Tourism on the Indian Healthcare System

The aim of this thesis is to critique the Indian healthcare system, and how the problems found in the system are related to medical tourism. The key focuses that the thesis will touch on are the political and economic ways that medical tourism industry has affected the healthcare system in India. In writing the thesis, I looked at different scholarly journals, such as EbscoHost, and ProQuest. Within those databases, I looked into different topics, such as economic journals, medical journals, biological journals, and political journals. When looking into the scholarly articles, it was important to make sure that the dates were relatively relevant to current times because of laws and policies that have been places to better the system. Had the dates not been relevant, then the results and conclusions would not have been valid. Some of the results show that because the medical tourism industry is run by the government, many of the decisions that are made are not for the benefit of the people but for personal gains. Not only that, but in terms of the economic aspects, India chooses to do actions that will benefit the top percent of the population instead of the country as a whole. Due to where the power is held in the medical tourism industries, the ones who suffer are those that live in the rural and low income areas. Not only that, but the in the Indian Healthcare System, health responsibilities are given to the state so poorer states do not have great healthcare. Medical tourism usually takes place in the higher income states, meaning that when medical tourism brings in revenue, it is not distributed evenly throughout India, but just in that state alone. Because all the research has not been completed yet, I cannot finalize any conclusion.

Skylar Lane
Contributing Factors to Diabetes Care in the United States and Canada

The United States of America is home to more than 29.1 million people with diabetes and 86 million adults who are at risk of getting

diabetes ("Diabetes Latest" 2014). Although diabetes' mortality rates have decreased significantly over the past ten years in the U.S., the prevalence of the disease is at an all-time high. This is due to an increase in self-management in the disease such as more doctors' visits, insulin and medication, healthier eating, and regular, if not more, physical activity. This led me to research how other countries, that are relatable to our own, are managing care and prevention for diabetes, and what are the most significant contributing factors to diabetes. I compare Canada and the United Stated in relation to diabetes by means of healthcare access and coverage, preventative care, and socioeconomic factors of both countries. This will allow for a broader perspective for ideas on preventative care and ample opportunity to learn about what the United States as a country can do in terms of [improving] diabetes care and healthcare coverage. I employed library research in databases such as Google Scholar and PubMed using keywords such as "diabetes", "healthcare coverage", and "Canada versus United States" within scholarly and peer reviewed journal articles. Based on my research, I expect to find that the funding and details of universal healthcare is more intricate than expected. I also expect to find that my research, in comparing care and prevention for diabetes in other countries, is only applicable when population, size, and socioeconomic status are closely related. My intent is to create a structure of comparison that can be applicable for other health care issues and preventative care topics among countries of similar characteristics.

"Diabetes Latest" 2014 Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. https://www.cdc.gov/Features/DiabetesFactSheet/, accessed January 27, 2017.

Salvador Lemus
Store Facilities Impact Food Environment

Current literature focuses on how aspects of individual store facilities, mainly in the form of convenience stores, grocery stores, and fast food restaurants, shape the food environment in low-income communities. No general research has been conducted on how facilities collectively affect the dietary decision-making that leads

residents to a poor health living standard. Drawing on studies performed in South Los Angeles that are available in the academia, this paper will analyze the access that individuals have to healthy foods in their local food environment through direct exposure to the three store facilities mentioned above. Each store type is analyzed on the basis of location, density (amount of stores present in neighborhood), price, and environmental prompts (food preparation and advertising of certain food items). Results show that the three store types collectively present challenges to residents limiting their choices and perpetuate a sub-par dietary regimen. I conclude that the current local food environment, influenced by the three store facilities, South Los Angeles leads to a poor diet increasing the susceptibility and prevalence rate of lifestyle diseases among the residents, allowing for the proliferation of dietary and health disparities in this community. Furthermore, current active governmental policies aimed at increasing the health quality of low income neighborhoods have proven to be infective as they engage with one dimension of the issue through the regulation of certain stores. In order to implement an effective policy, it must address the multidimensional characteristics such as the economic, educational, psychological, and sociological factors of low quality food environments and the health impact it has on local residents.

Dafne Sanchez
How Colonialism Changed the HIV/AIDS Epidemic in South Africa

In South Africa, there have been instances where Western medicine has been resisted or rejected. Historically, medicine was used as a tool to enable colonization, which resulted in the oppression of inhabitants in the area. Movements to eliminate HIV/AIDS here have been fundamentally inadequate because they fail to take into account complex historical relationships and fail to restore the basic trust colonial medicine previously breached. Despite efforts to decrease numbers of new HIV infections, there has been an unprecedented rise that cannot be explained solely by resource scarcity or poor resource

distribution. A literature review was conducted in order to investigate why some health initiatives have instead had a negative impact on slowing rates of HIV infection and containment. This poster puts these failures into perspective by examining the roots of colonial medicine in South Africa, determining the effects of exploitation on the country, and analyzing local responses to foreign aid. Findings indicate a connection between history and disease patterns seen in the present day. By looking at the relationship between colonialism and HIV/AIDS resurgence/spread with a global health lens, I seek to emphasize the necessity of an integrative/interdisciplinary approach to solving health problems as well as the importance of using new strategies to address health disparities on a worldwide scale. Tackling health matters successfully requires the elimination of barriers that deny health equity to those served abroad.

Thomas Skaggs
Mapping out Malnutrition: In-depth analysis of the Global Nutrition Transition

Background: The Nutrition Transition is a social phenomenon that is characterized by the dietary changes in countries that are also experiencing demographic and economic changes. This general term has been applied to a lot of research in countries that are emerging from lower economic statuses to higher ones. This is due to the quick economic progress the countries are working for, such as the BRICS (Brazil, Russia, India, China, and South Africa), who are defined as the group of countries with emerging economies that will be responsible for leading many of the UN's Sustainable Development Goals. However, the quick economic improvement has also been correlated with increasing rates of high weight-related conditions such as Obesity and Overweight becoming one of the leading conditions for diseases in these countries. Although people are receiving an adequate amount of food, the quality of the nutrition content is poor and many people still suffer from malnutrition and the effects of it as a result from adopting a western pattern diet.

Aims: This paper investigates the reasons as to why malnutrition simply shifts instead of improves within these countries (focusing on the BRICS) by researching the national & international politics of food, foreign establishment, and food distribution. It also addresses the epidemiological shifts that are related to nutrition-related conditions, predicts the outcome of these changes, and how to combat it.
Methods: Library research; analyzing peer-reviewed journals on scholarly search engines such as NCBI, Google Scholar, PubMed, theJamaNetwork, WHO etc. with the following keywords but not limited to food security, malnutrition, obesity, underweight malnutrition, effects of nutrient deficiency, food corporations, food laws, politics of food, international food laws, etc.
Results: Findings are still in progress. Industrialization in economically improving countries brings a massive influx of citizens increasing the population density of major cities. The high concentration of people in major cities can drive political leaders to rely on foreign companies to provide food for those cities, usually relying on American food companies. The number of American fast food business in major cities like Sao Paolo and New Delhi, has increased significantly between the 1990s to 2010 and they continue to gain popularity as a foreign luxury item.