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## Abstracts

### Mental Health and Substance Abuse

**Reham Abdrabo**

***The Role of the Prison System in Inmate Recidivism & Mental Health***

The prison system is home to millions of individuals throughout the United States, many of whom have become products of neglect resulting in poor mental health outcomes. This piece explores the idea that these high percentages of mental illness within the prison population is a direct result of the physical components that make up the prison system and due to this, the crime rate continues to climb as prisoners cycle back into the system shortly after release. From the moment prisoners enter the system to the moment they leave it, the odds are often against them. The initial healthcare screening done when prisoners enter the system acts as a foundation to ensure adequate care is being given to the inmates upon entry but falls short. This results in individuals who need care to not receive it thus creating a progressive decline in their health. When a problem is identified, the response time to the issue is extremely delayed until the prisoner shows signs of suicidal ideations, causing the suicidal population in prisons to skyrocket. The physical structure of the prison including its monochromatic layout and small quarters have detrimental effects on the psyche of prisoners, which acts as a catalyst in their mental health issues leading to a poor prognosis when their prison sentence is completed. This piece focuses solely on prisoners who have committed crimes punishable by shorter term sentences. Due to the environment of the prison system, prisoners do not integrate into society well as they have experienced the opposite of rehabilitation which then increases rates of recidivism.

**Janan Al Khaja**

***Unveiling Stigma; A study of how social determinants and structural frameworks have inhibited access to mental health care services among Muslim diaspora women***

The Muslim diaspora, due to the additive repercussions of adverse social determinants across the life course, must navigate embedded, and systematic violent structural frameworks whilst trying to access mental health care. Although other papers have focused on the barriers to accessing mental health care services for many other minority groups, the Muslim diaspora continues to be one of the least researched groups. In particular, what differentiates this research is that it focuses on the most constant and salient members within and outside the community; women who wear hijab. Hijab, the headscarf, is a visible marker for Islam that has direct implications of the Muslim Diaspora trying to access mental healthcare services. Stigma is the main barrier for those who wear hijab whilst accessing mental healthcare services. Stigma, as depicted in the Ecological Systems theory, operates within microsystems and macrosystems that one belongs to. The Stigma that comes from both the adverse social determinants across

the life course and the systematic violent structural frameworks that the Muslim women face wearing hijab navigate on a daily basis can be internalized and exasperated by their intersectionalities. This research, however, has come to find that hijab poses both positive and negative factors in relation to stigma and mental health access. Ultimately, other than urging for more research on the issue, specified cultural competence training must be given to those delivering mental healthcare services along with community interventions to reduce stigma as a barrier to accessing mental healthcare services.

**Rachel Brand**

***One Program Does Not Fit All. The Benefit of Offering Multiple Addiction Support Interventions and Treatment Programs for Adolescents and Young Adults***

Mental health and substance use disorders are the leading causes of global disability in children and youth (Marquez & Saxena 2016). Mental health services in public schools in the U.S. have systemically shown deficits and barriers, specifically in addiction, for students to access. Peer and community programs collectively show positive quantitative data about the success rates of teens and young adults in education. Evidence shows there is a lack of treatment options after short-term biomedical care for young adults in recovery. Psychological services offered by schools have statistically demonstrated little to no involvement, building and supporting peer-run groups. The barriers to treatment are present because of stigma and how it affects young adolescents and adults in addiction from receiving treatment. This thesis engages in a targeted review that shows positive impacts of recovery access for individual's education outcomes. Both government and educational policy reforms can foster a new system of care, and the comprehensive approach would focus attention on individualist and peer-run treatment approaches. Furthermore, offering options with harm reduction models shows positive results in research. Adding additional time for programs after biomedical and evidence-based treatment plans provides higher rates in long-term recovery plans and relapse prevention. Offering support in educational systems will allow more access to treatment for young adolescents and adults before progression of chronic disability and premature death. Group and individualist addiction treatment programs have been shown to increase psychological well-being and decrease relapse in adolescents and young adults. By providing an integrated care model, more treatment care will be made available, and a way to do that is by incorporating options.

**Zhen Fan**

***Bring Mental Health to the Young: How We Can Improve Effectiveness of Stigma Reduction Programs About Mental Illness in China***

Despite progress in incorporating treatment for mental illness in major hospitals of China, the social and cultural stigma of mental illness is still prevalent. This stigma hinders the help-seeking behaviors of people with mental disorders and produces negative social impacts on their family members. This is especially true for adolescents, who are experiencing

developmental changes into adulthood. According to the World Health Organization, 10-20% of children and adolescents globally experience mental disorders. Socioeconomic status, education level, and urbanization influence how people experience stigma around mental illness, which leads to different outcomes in urban and rural populations. Based on the modified labeling theory, education is a necessary part of the destigmatization process. Yet, China lacks stigma reduction programs on mental illness to raise awareness in society, and current psychoeducation programs are mostly focused on engaging schizophrenia patients and their families. The education course on mental health in Chinese medical schools does not yield positive results in alleviating stigma of mental illness. Successful destigmatization interventions from other countries might be more beneficial if translated to the context of Chinese culture. This thesis advocates for and describes how education programs on mental health targeting younger population can be included as public health interventions in China.

**Madeline Moran**

***Suggested interventions addressing the mental health of food insecure youth***

Food insecurity is a leading global issue that many suffer from, even those in higher income developed countries like the United States. Over fifty million people in the United States are labeled as food insecure. There are mental health implications on adults and children who constantly wonder when their next meal will be. Interventions need to be developed in order to combat mental disorders in children that arise from being food insecure. I first give an overview of food insecurity in the US which lead me to examine various research studies to gain a better understanding about those who suffer from mental illness as a result of being food insecure. Much of the research was cross-sectional and established a link between anxiety and/or depressive disorders and food insecurity. Children were found to also suffer from anxiety and depressive disorders as a result of living in a food insecure household with parents who had negative mental health. There is an adequate amount of research and interventions addressing food insecurity, yet a lack of work addressing its mental health effects, especially in youth, so I've come to suggest possible interventions to implement. I found that Family based Cognitive Behavioral Therapy (FCBT) has been successful in treating anxiety and depressive disorders in children as well as Mindfulness based programs. I also discovered schools to be a strong and beneficial environment to introduce these therapies as they're cost-effective and provide a natural setting for treatment. I came to suggest that incorporating Family Cognitive Behavioral Therapy (FCBT) and Mindfulness programs in schools aimed at diagnosing and treating children who suffer from mental health disorders that arise from being food insecure, a large rate of successful treatment may ensue.

**Eun Ji Oh**

***“That’s Not the Point. You’re Getting it All Wrong.”: Impact of Stigma on Students’ Mental Health and the Effectiveness of Community-Based Intervention in South Korea***

Among students in South Korea, the number of suicides that are committed each year have been increasing due to various mental health problems that are simply overlooked (Lee and Lee 2019, 1). To make matters worse, there is a mental health stigma that has deep roots in the traumatic events and aftermath of the Korean War and is still present to this day. The three sociocultural factors that produce heavy stigma and often misconceptions are historically rooted cultural views, lower levels of mental health literacy, and absence of political laws. These factors create a level of stigmatization on depression and negatively affects students’ willingness to seek care, take medication, and/or receive continuity of treatment in South Korea. They also produce misconceptions and stigmatized beliefs about mental illnesses, specifically depression, amongst South Korean students between the ages of 10 and 20. In addition, there are opposing arguments where other elements positively influence individuals’ attitudes toward mental health and seeking treatment. However, it is crucial to know and understand the sociocultural factors that are involved in shaping the negative views of mental illnesses and how they affect students’ decisions to seek appropriate care and continually treat depression. Thus, it is fundamental to develop community-based intervention strategies that encompass the Korean culture to successfully tailor programs that alleviate stigma, increase mental health literacy, and encourage treatment-seeking behavior. Not only is this important to individuals in South Korea, but it is a critical global health concern for people all around the world, making it even more significant to examine mental health stigma and its effects on treatment-seeking behaviors.

**Hannah Padilla**

***Mental Health Care Treatment in Brazilian Shantytowns***

Globally, Brazil has the highest prevalence of anxiety disorders and the fifth highest prevalence of depression rates. The highest rates of anxiety and depression are among those living in the favelas, or shanty towns, of the country, where nearly 22% of their population reside. Factors such as poverty, political chaos, and constant exposure to violence contribute to negative mental health in people living within the favelas of Brazil and similar slums throughout the world. This thesis aims to evaluate the forms of treatment for anxiety, depression and other mental health disorders currently available to those living in favelas in Brazil. Reviewing the different types of treatment will determine what makes certain types successful as well as what limitations mental health care in Brazilian favelas face. Through such examination, findings of this thesis will potentially allow other slums and similar socioeconomic environments to learn from and apply similar efficacious strategies on mental health care treatment. To examine the current mental health care treatment, articles and case studies were evaluated from peer reviewed sources to learn about life in favelas, as well as the general effects of living amongst constant violence, poverty and corruption on the mental health of those living there. Frequently accessed journals and data bases included PubMed, SciELO, Medical Anthropology Quarterly, and the Lancet. Key words and phrases such as “Brazilian favela mental health” were used in

the search engines of databases. Findings will come from reviewing of the current mental health care treatment from the aforementioned sources, and include the policies, social and economic constraints, as well religious factors that play a role in the mental health treatment of those in favelas.

**Ashli Perkins**

***When Society Asks, The Black Woman Answers: The Deterioration of Mental Health and Well-Being through Social Expectations and Stereotypes in Contemporary Times***

The United States has forgotten and degraded a critical population which is Black women who have been demeaned and abused mentally and physically since the era of slavery. In contemporary times, this has amplified to devastating stereotypes that damage the well-being and mental health of Black women. A targeted review of medical, psychological, and social scientific databases was the primary evidence that highlights the prevalent absence of social representation of Black women even in movements aimed at social justice and racial equity. By analyzing feminism and Black Lives Matters and the lack of representation of Black women within these movements, we can begin to understand how and why long-standing social biases and stereotypes persist. This is logically extended to examine the mental and physical treatment gaps of Black women. Not focusing on this essential population in social and intellectual movements as well as medical practices constructs cyclically harmful effects that seem to form negative feedback loops of reinforcing the stereotype of the Strong Black Woman that builds her up to have no room for error in her mental and physical power which will eventually drain her of this strength and weaken her overall well-being and mental health. Utilizing education as the foundation of awareness, especially among those providing care (e.g. medical providers, psychologists, school counselors) will augment the Black woman's livelihood, mental health and well-being, ultimately leading to the inclusion and fairness of Black women in the U.S. society.

**Revati Rashingkar**

***The Importance of Recognizing Intersectional Identities in Refugee Mental Health Intervention Design***

Refugees fleeing from the ongoing Syrian conflict are witnessing horrific amounts of violence and death as well as experiencing traumatic migration journeys in an attempt to reach a place where they will be safe. These experiences can contribute to the development of mental illnesses, including Post Traumatic Stress Disorder, Major Depressive Disorder, and anxiety disorders. While there are existing interventions in refugee camps and some host countries for treatment of these mental health issues developed over the refugee journey, there are fewer programs that focus on comprehensively addressing the effects of several compounding mental health risk factors. I examined what must be included in intervention program design in order to effectively address all factors that can affect the development and experience of mental illnesses related to refugee status of young girls from Syria. They experience a unique combination of health risks that is not the focus of many programs, and it can affect their long

term health and development in later years. I examined literature from databases of published research such as PubMed and NCBI to determine these risk factors as well as effective frameworks of interventions already existing with different focuses. This investigation found that the intersection of the health risk factors associated with living in the Syrian conflict, the refugee journey, culture, age, and gender produces a complicated case that many existing programs are not able to address fully in their current designs. These findings can possibly help to guide future intervention design for this specific refugee population in order to achieve maximum health and long term wellbeing for their lives, as well as bring awareness to how intersectional identities can affect the effectiveness of any intervention if it is not tailored to fit the population in question.

**Katrina Salinas**

***Trauma, Depression, and Risky Behavior: An Overview of How Mental Illness Stigma Perpetuates This Cycle in Latino Migrants Living in Tijuana, Mexico***

Globally, many populations face severe trauma, yet there is a considerable amount of stigma associated with mental illness and seeking mental health care. The aim of this study was to explore how adverse life experiences, cultural norms, and stigma held by Latino migrants living in Tijuana, Mexico limit their desire to access mental health services, further perpetuating the cycle of depression and risky behavior. The main results of this study found that Latino migrants face physical, sexual, and emotional abuse in pre-migration, while in transit to the United States-Mexico border, during deportation from the United States, and after settling in Tijuana. The trauma they face contributes to feelings of hopelessness and isolation which leads to a high incidence of depression. In part, due to their depressive symptoms, many migrants report engaging in risky behavior such as needle sharing and sex work. When evaluating Latinos with depression living in the United States, it is found that participants generally felt negative sentiments towards seeking mental health care because of cultural factors and fear of judgement by others. Although research on mental health stigma is largely among Latinos living in the United States, it is plausible to conclude that Latino migrants living in Tijuana hold similar cultural values and therefore also hold this same stigma. From this information, mental health professionals can adapt their practice to be culturally competent in order to encourage treatment adherence.

**Alex Scordato**

***Substance Abuse Behavioural Interventions and the Transmission of Preventable Diseases in Southeast Asian Compulsory Drug Detention Centres***

I. Aim

The lack of access to ethical, voluntary, and evidence-based rehabilitative healthcare is an escalating problem. However, this challenge is worse in Southeast Asian countries. Although this region has seen an overall decline in substance abuse behavior, there has been a sharp increase in the use of methamphetamine, amphetamine, and other stimulants over the past

decade that can increase the risk of transmission of preventable diseases like HIV, Hepatitis, and Tuberculosis, especially among those detained in compulsory detention centers. The aim of this study is to assess the relationships between Southeast Asian country policies on detention of drug users and its impact on HIV, Hepatitis, and Tuberculosis risk.

#### II. Methods

To develop case studies examining drug detention policies and infectious disease risk, we conducted a literature review and analyzed data from the World Health Organization Database on Substance Abuse and Disease Transmission.

#### III. Results

Southeastern Asian countries with more punitive policies towards substance use offer fewer resources to those suffering from addiction, which results in greater risk and prevalence of HIV, Hepatitis C, and TB. Countries with higher rates of incarceration of drug users within detention centers were associated with poorer access to quality rehabilitative treatment, and greater adversity towards harm reduction strategies, such as methadone treatment clinics (MTC), safe-injection sites (SIS), and clean-needle exchanges (CNE).

#### IV. Conclusion

Based on these findings, this study recommends that countries in the region cooperate towards advancing harm reduction strategies in place of current, punitive policy. 'Treatment over incarceration' should be promoted as the first option for those with substance abuse risk patterns. Employment of methadone clinics, safe-injection sites, and clean-needle exchanges should be paired with community-based, out-patient, and voluntary rehabilitation to provide a comprehensive and more cost-effective means of treatment and prevention of further harms.

### **Raymond Sanchez**

#### ***Combating the Opioid Epidemic: A Proposal for an Alternative Approach to US Incarceration for Opioid-Related Crimes: How Forced Treatment Can Improve Health Outcomes Among Those With Opioid Use Disorder***

##### Abstract:

**Problem:** Criminalization of people living with Opioid Use Disorder (OUD) has increased since the Opioid Epidemic in the United States. Discrimination and violence experienced by those with OUD impair health and rehabilitation. In the US, prison inmates with OUD face a poor level of mental health care including a lack of medication-assisted treatment (MAT), discrimination, and stigma.

**Aims:** My objective is to show the incidence and prevalence of criminalization for OUD in the United States. The current legal policy in relation to how it affects those living with OUD, and the extent to which harm or violence could be experienced in the context of the criminal legal system, and in prison will be discussed. My goal is to show how mandatory rehabilitation could improve health outcomes for those with OUD through transforming policy.

**Methods:** A literature review was performed that included OUD and opioid-related crimes, mental illness and incarceration, and ethics of mandatory treatment. Primary sources included newspaper articles and secondary sources included peer-reviewed journal articles.

Results: Based on my sources, correlations between OUD, incarceration, and rehabilitation were observed. Specifically, stigma and discrimination within OUD, impact by the criminal legal system, and quality of care in prison.

Conclusion: This review of Opioid Use Disorder (OUD) in the context of how criminalization and incarceration affect health and rehabilitation, contribute to global health by bringing this issue toward legal and health policymakers. The ethics of mandatory rehabilitation as a substitute for incarceration and in relation to policy will be discussed.

**Manykhoth Thosy**

***Reimagining Mental Health Interventions for Southeast Asian Refugee Women in the United States: An Eco-Mapping Approach***

Due to negative cultural perceptions of mental illnesses, Southeast Asian communities experience stigma in seeking mental health care. Because of this stigma, it is important to develop culturally sensitive interventions to diminish this stigma. Many studies have shown that Southeast Asian refugee women experience higher levels of distress when they resettle into the United States, but lack concrete interventions to address this issue. The traditional Southeast Asian family structure comprises of the men assuming the role as the provider for the family and the women taking on the domestic responsibilities such as taking care of the children. In this context, women are disempowered to seek mental health care. Additionally, they experience post-migration stressors including shifts in gender roles, acculturation issues, cultural bereavement, intergenerational gap, and low mental health literacy. Finally, there are culturally-situated attitudes regarding help-seeking that influence their ability to seek mental health care. These themes raise the question of how to enable and empower Southeast Asian refugee women to seek mental health care. Eco-mapping is a tool that social workers use to visually represent and organize relationships within a family unit and its connections to other resources. I argue for the implementation of eco-mapping as a working intervention within the family to empower Southeast Asian refugee women to seek mental health support from their family and community.

**Tiara Valledor**

***Unaddressed Mental Health in the Medical Community***

Problem: The unaddressed, poor mental health in medical students and doctors leads to serious consequences, such as depression, which is a major contributor to the global burden of disease. In addition, physician suicide and poor mental health increases the occurrence of medical errors which costs the United States billions of dollars every year. The underlying issue, that renders the current interventions useless, is the general lack of knowledge that this problem is occurring. The medical community is overlooked because they are the ones unhealthy people turn to for treatment and therefore, are always expected to be healthy themselves, which results

in the problem of poor mental health facing this subset of people going unnoticed and unaddressed.

Purpose: This study is important because not only are these two populations overlooked and highly stigmatized, the economic loss due to medical errors and the contribution of poor mental health morbidities to the global burden of disease are significant.

Methods: By reviewing multiple primary sources and studies such as ones carried out by the National Institute of Health, I was able to gather the information needed to draw conclusions about my study. A literature review was conducted, limiting my search words to “mental health”, “medical students”, and “doctors” to gather a majority of my sources.

Results: Medical students have higher rates of depression when compared to peers, physicians have the highest rate of suicide among any other profession, poor mental health contributes to medical errors, medical errors cost the US billions of dollars every year

Conclusion: From this review of mental health in relation to the medical community, there is more awareness brought to the poor mental health among medical students and doctors as a global health issue with a lack of sufficient interventions.

### Immigrant and Refugee Health

**Joanna Chen**

#### ***Asian American Immigrant Health Paradox: How Social Support Systems Alleviate Chronic Illness***

Background: Immigrant health in the U.S is an emerging relevant topic as 13% of the American population is foreign-born. Immigrants are at higher risk of having lower health due to structural disadvantages that contribute to lower quality of health care. However, increasing studies have shown that immigrant populations in the U.S exhibit characteristics of the Immigrant Paradox where they report better overall health compared to native-born Americans. Asian American Immigrants especially were seen to follow this mysterious trend.

Aims: Asian Immigrants in America experience less harsh health outcomes from chronic illnesses compared to native-born Americans despite both populations utilizing the American health care system. This paper seeks to address how Asian American informal social support networks can explain this phenomenon.

Methods: This analysis will be based on numerous interdisciplinary literature on not only Asian American health behaviors, but migration patterns and distribution of resources.

Results: Informal social networks through family, friends, and ethnic enclaves help to provide additional resources and support to Asian Immigrants that reinforce better health behavior and literacy when responding to chronic health issues.

Conclusion: To understand and improve Asian-American immigrant health, there needs to be a holistic approach that focuses on not only improving direct health services and institutions, but

on recognizing and utilizing existing social networks that help to support Asian American immigrants from succumbing to the structural disadvantages set against them.

**Shannell Ciruso**

***A Family Divided: A Critical Analysis of U.S. Policy on Immigration and Family Separation of Central American and Mexican Migrants***

Background: U.S. policies like Prevention through Deterrence have shaped family dynamics of Central American and Mexican migrants since the 1940's. Migrant youth health has been negatively affected by immigration policies through the process of removal from the family. Historically, Central American and Mexican migrant families have experienced separation through forced and voluntary processes. Transnational families were created primarily because of U.S. labor demands, dangerous migration pathways, and the needs of the families. This has transitioned to forced separation at the U.S.-Mexico border and U.S. detention centers.

Aims: This research aims to analyze how policies have shaped the lived experiences of migrants belonging to transnational families and families experiencing forced separation and serve as a piece in a growing collection of knowledge on the well-being of children.

Methods: This study reviews current literature available from scholars on trauma, policy, and child development. This study is informed by case studies and research on transnational migration, unaccompanied minor migration, and family migration utilizing the Adverse Childhood Experiences framework and Attachment Theory.

Results: The results of this study suggest that the removal of migrant children from their families can cause maladaptive attachment disorders, chronic conditions, mental illness, and early death.

Conclusion: An arts-based, trauma-informed approach to working with migrant youth can help reduce retraumatization and promote healing and wellness. These interventions could help slow the process of negative health created by the conditions of separation.

Implications: This study is important because of the current situation at the US-Mexico border of children being detained and separated from their families, with no plan or process in place for family reunification. These results are important in helping U.S. policymakers implement policy reform changes that prevent family separation at the U.S.-Mexico border and introduce a process of family reunification.

**Jonathan Linco**

***Amenity Migration and Health Access of Low-wage Workers***

Aims: The purpose of this study was to examine how amenity migration affects health-care access of low-wage, usually immigrant, workers in the United States and Italy.

Methods: An interdisciplinary literature review was conducted on the current state of amenity migration and its impact on health. Existing regulations, laws, and policies associated with employment and health circumstances of low-wage workers in the United States and Italy, the

two case studies examined in this study, were conducted. Google Scholar, JSTOR, and PubMed were queried for English peer-reviewed journal articles and supplemented by the grey literature.

**Results:** The literature review found that rural low-wage workers in the US and Italy, the two case studies identified as associated with amenity migration and health, were hired in precarious labor regimes that restricted health access through employer control and isolation. In both countries, rural spaces prevented spatial mobility and lacked culturally competent services. In the United States, it was found that rural Latino workers employed in service and construction had significantly lower health insurance rates compared to those working in the meatpacking or food-processing industries. In Italy, the lack of senior welfare resulted in the emergence of a private care market staffed primarily by undocumented female migrants, or badanti. Physical injuries and mental stressors were common amongst badanti, but most did not seek health services and continued to work.

**Discussion:** Amenity migration provides a space where documentation status, rurality, and gentrification intersect to adversely impact health access for low-wage workers. Adjusting the health and labor systems of the United States and Italy to be more inclusive of low-wage and non-citizens in the context of amenity migration are recommended. More research must be done to examine the health impact of amenity migration for all actors involved, especially low-wage migrants.

**Tiana McMann**

***Barriers to Accessing Sexual and Reproductive Health Services Among Refugee Women and Girls in San Diego County***

**Background:** The global refugee crisis is the largest displacement crisis to date and will continue to grow as armed conflict, natural disasters, and political unrest persists. As of June of 2018, The United Nations High Commissioner for Refugees reports the number of forcibly displaced people worldwide to be 68.5 million, while approximately 25.4 million of those are refugees (United Nations High Commissioner for Refugees 2018). Furthermore, women and young girls account for approximately 50% of the total number of refugees (United Nations Women n.d.). San Diego County has consistently been among the largest refugee resettling locations in the United States. With a large proportion of refugee women and girls resettled in San Diego County coinciding with sexual and reproductive health (SRH) not being a prioritized health metric, critical analysis should be done to ensure that health is maintained for all populations, equally.

**Objective:** To assess current barriers in the literature which limit accessibility to sexual and reproductive health for refugee women and young girls in San Diego County. By recognizing and expanding on key barriers to SRH in San Diego County where a large proportion of refugee women and girls are resettled, interventions can be targeted to address such barriers and have large implications on a great number of refugees.

**Methods:** A literature analysis was conducted using key words to identify relevant scholarly articles. Refugee and sexual and reproductive health, refugee and gender-based violence,

refugee and intimate partner violence, and refugee and San Diego County were searched via PubMed and Google Scholar. The Health and Human Services Agency website was used for San Diego County refugee data.

Results: Key barriers in refugee women and girls accessing and retaining SRH services include high rates of gender-based violence, lack of culturally competent care, stigma and taboo surrounding the topic, the current administration, and the cost of care.

Discussion: Given the lack of access and retention of SRH services for refugee women and girls in San Diego County, more quantitative research should be conducted to determine which barriers may contribute the most to accessibility and retention. Furthermore, cost-effective interventions could be designed to address those barriers which contribute largely to the issue at hand. By addressing specific barriers, the greatest impact towards increasing accessibility and retention to SRH services for refugee women and girls can be made and in the most efficient way.

**Jessica Orgusyan**

***Healthcare Pathways in the U.S.: A Comparison of Refugee Populations***

Title: Healthcare Pathways in the U.S.: A Comparison of Refugee Populations

Aims: This review aims to compare and contrast the healthcare pathways of the Congolese, Burmese and Ukrainian refugee populations in their origin countries versus their arrival in the United States.

Methods: A literature review and a legal analysis was conducted on the policies and procedures related to the availability of health-care services for newly arrived refugees in the United States. Research was also conducted on specific populations of the Democratic Republic of the Congo, Burma and Ukraine focusing on articles that explored the healthcare pathways focused on their access their country of origin, country of potential transit before arriving to the United States. Searches were conducted through PubMed and Google Scholar for English-language articles published between the years 2000 to 2019 and also supplemented by news reports and other articles in the grey literature.

Results: The literature review and legal analysis found differentiation in the conflicts that prompted each refugee population to move to the United States as conflicts ranged from armed violence to religious persecution. There was also a variance in findings for the health-care services access each population had prior to arriving in the United States. For example, Congolese refugee populations received better access to health-care in the United States while Ukrainian refugee populations received the same level of access and care as they did in their origin countries. Many economic, geographic and legal factors contribute to the health care access pathways of refugees and their overall healthcare outcomes.

Conclusion: Though there are current laws and policies enacted by the U.S. government to address refugee healthcare access, there is still a high degree of variance in actual access based on refugee population group. There is a need for the United States to update and improve this system in order to access to medical care into its refugee policies. Additionally, economic and political limitations, such as lack of funding, must be addressed in order ensure the benefits for refugee populations in their access to health care services.

**Cameron Tong**

***Analyzing the Elevated Risk for Type 2 Diabetes for Latin American Immigrants in the United States***

The Latino paradox is an enduring problem in the United States among Latin American immigrants. It can be seen in the elevated risk of developing type 2 diabetes among Latino immigrants. It is important to acknowledge because a large proportion of United States immigrants are Latino and type 2 diabetes is a rapidly growing problem in the country. It is also imperative to look at the reasons that Latin American immigrants avoid using the healthcare system to receive proper diagnosis and treatment for their disease. Using data found from scholarly articles, case studies, literature reviews, and journals, it was found that the largest reason for the elevated risk of type 2 diabetes in Latin American immigrants is their heightened levels of chronic stress experienced by the immigrants when moving to the United States. Increased stress levels can be attributed to acculturation, financial difficulties, isolation, immigration status, and race. Latin American immigrants tend to not receive appropriate care for their type 2 diabetes because of language barriers, lack of knowledge and overall distrust of the United States healthcare system, immigration status, and religious beliefs. Type 2 diabetes can lead to many health complications such as vision, kidney, and nerve problems and mental health issues. There are many other complications that are caused by the disease. It is not only expensive to manage, requires many life changes, doctor's visits, and time. Because the disease is preventable, emphasis must be placed on methods to stress management and allow for easier access to healthcare are necessary to decrease risk for Latino immigrants. Interventions such as health clinics that target and assist Latin American immigrants by having Spanish speaking physicians and nurses have proven to be effective in reducing stress and allowing for immigrants to receive treatment.

**Nutrition**

**Finley Chow**

***The Potential Role of Sugar Taxation in Lessening Type 2 Diabetes Among Food Insecure Populations***

Incidence of Type II Diabetes Mellitus (DMII) has increased exponentially, becoming an incredibly common chronic disease across the globe. Observed prevalence is particularly high

among the food-insecure populations in Higher Income Countries (HICs). Evidence from scientific studies indicate that a Western diet, in conjunction with a largely sedentary lifestyle, contributes to the acquisition and severity of DMII. Therefore most intervention efforts rely on education as a means to better life quality and promote eating healthily. However, there is a serious flaw in this practice as these interventions omit the complex socio-economic factors and structural violence that cause poor dietary habits in the first place. This literature review focuses on the social determinants of food insecurity, examining the buying habits and dietary behaviours created by financial precarity. It is shown that low-income populations rely on inexpensive, low-quality foods out of necessity instead of lack of education. It is also argued that current nutrition programs are vastly underfunded and ineffective in combating food-insecurity. Combining these two intersecting topics, this thesis will also examine how the push for taxation on sugar-sweetened-beverages (SSBs) could be a viable solution for reducing both DMII incidence and food insecurity simultaneously. It is shown that if employed correctly, sugar taxes could generate considerable revenue to fund nutritional programs, making higher-quality food available to food insecure populations. Limiting factors such as political and economic barriers are considered, yet the potential for bettering global health ultimately makes the pursuit of SSB taxation vital to combating DMII and noncommunicable diseases.

**Riku Hashiyada**

***Micronutrient deficiency in Sub-Saharan Africa: Evaluation of Current interventions and suggestions***

Micronutrient deficiency is one of the most prevalent condition in Sub-Saharan Africa which could lead to many other diseases and disorders that can reduce one's life expectancy. Specifically, insufficient intake of Vitamin A, Iodine, and Iron could lead to many negative health effects such as blindness, goiter, and anemia which would be discussed in this paper along with the case studies in Sub Saharan African countries including Ghana, Rwanda, Uganda, Zambia, and Kenya. Despite of the existing interventions such as food fortification, supplementation, diversification of nutritional diet, and biofortification, prevalence of micronutrient deficiency continue to remain high. The successes and the failures of each intervention are demonstrated in this paper using various case studies in Sub-Saharan Africa, literature reviews of subjects that are relevant to micronutrient deficiency, and the analyzation of relevant research results. Additionally, potential solutions utilizing current interventions as well as the newer intervention that implements genetically modified crops are discussed. Ultimately, it is difficult to make a definite statement regarding a single intervention that can contribute to the reduction of micronutrient deficiency in Sub-Saharan Africa, however, efficient use of the available resources and infrastructure as well as the strategy that considers all of the advantage of each intervention that also promotes a collaboration of all kinds of sectors such as national government, NGOs, policy makers, and any other necessary stakeholders could make a significant progress. Furthermore, taking into considerations of poverty, socioeconomic, cultural, and political barriers and approaching this problem with more holistic way would be the most sustainable solution for Sub Saharan Africa which ultimately decrease the prevalence of micronutrient deficiency.

**Safa Khan**

***Child Malnourishment in India***

Malnutrition is defined as a lack of adequate and beneficial intake of vitamins and nutrition. Over the past thirty years, India continues to struggle with child malnutrition due to numerous factors, including poverty, poor hygiene and sanitation, maternal illiteracy, breastfeeding and socioeconomic barriers and inequalities. This issue is crucial considering that hundreds and thousands of children are the target of this global-wide illness. Without these children transitioning into healthy adults, India faces a steady decline of persons able to contribute to its future. A growing, robust population is paramount to leading an advanced, globalized society. My method of research includes using scientific databases to find peer-reviewed, scholarly sources that I will be referencing for my thesis. Of these sources, I have included scholarly articles, journals, books and study write-ups. The results of my research include the consequences of child undernourishment, such as wasting and stunting, overall weakness and prohibited growth, lower academic performance and effects on behavior and cognition. The affected children deserve the fundamental human right to proper nutrition with the help of a global network made up of more health specialists, culturally competent health workers, educators, volunteers and services. India's workforce has significant impact on other parts of the world related to medicine, technology and sociology; to preserve this country's contribution to a progressing world, improved efforts must be made to nurture the individuals capable of making these changes.

**Natalie Thunder**

***The Proof is in the Poison: Large-Scale Food Conglomerate's Capitalization on Western Biomedical Authority and its Health Consequences in the United States and Brazil***

Humans have been feeding themselves and feeding their babies successfully long before the advent of modern biomedicine. How powerful must the world's trust in western biomedical authority be in order to abandon practices like traditional diet and breastfeeding practices? More importantly, in a capitalistic society such as the United States, who benefits from the potential to capitalize on our words devotion to western biomedical authority?

Large American food corporations such as Nestle and Kellogg's have utilized western biomedical authority and unintentionally caused infanticide in Brazil in the 1970s and the current escalating rates of type two diabetes in the United States. In the case of Nestle promotion of formula and interference with breastfeeding practices in Brazil, mass infanticide was caused by neglect to consider the lack of access to clean water. The mixing of formula with contaminated

water supply caused dihydral disease and ultimately death for infants consuming formula. In the case of the widespread diabetes epidemic in the United States, the beginnings of the obesity epidemic can be traced back to the introduction of the food pyramid and the widespread introduction of cheap crop staples.

Unintended consequences of health initiatives regarding both diet and breastfeeding have been and will continue to be caused by for-profit corporations capitalizing on the all-encompassing authority western biomedical exerts over cultural practices that are profoundly human. Overtrust in western biomedical authority and lack of protection for contextual cultural practices allows for a highly vulnerable environment in which corporations are able to capitalize on the manipulation of community's practices. Under the veil of medical advancement and societal improvement, health initiatives lacking respect for cultural context inevitably result in heinous unintended consequences. In order to prevent disastrous outcomes illustrated in Brazil and the United States, the current all-encompassing western medical authority must be checked and more authority and understanding must be allocated to highly human, cultural practices such as diet and breastfeeding.

### **Women's and Adolescent Health**

**Gisell Aguirre Ramirez**

#### ***Feline Toxoplasmosis and Planetary Health: The Interdisciplinary Task of Mitigating Negative Mental and Prenatal Health Outcomes for Women of Reproductive Age in the United States***

**Problem:** Toxoplasmosis is a vector-borne infectious disease caused by the single-celled *Toxoplasma gondii* parasite, secreted exclusively by cats. Toxoplasmosis impacts women of reproductive age in particular and is linked to negative mental health outcomes like schizophrenia onset and other health burdens like immunity issues, seizures, and skeletal tissue damage. Toxoplasmosis has serious congenital implications as well and can leave long term morbidity in adults and infants.

**Purpose:** The goal of this paper is to define planetary health: a holistic and culturally competent approach to epidemiology while incorporating climate consideration and The Sustainable Development Goals. This study aims to diversify toxoplasmosis findings by considering climate change a social determinant of health and a vehicle for toxoplasmosis, as well as explore the socioeconomic implications and mental health burdens of toxoplasmosis.

**Methods:** For this paper, a literature review was conducted through filtering scientific journals for relevant data on toxoplasmosis across countries of differing income, while focusing on the United States in order to create a model for toxoplasmosis mitigation and treatment. Using key phrases like climate change, maternal health, mental health, and planetary health along with toxoplasmosis narrowed the scope for analyzing this global health issue.

**Results:** After completing the review, it was concluded that there is a relationship between low socioeconomic status and increased toxoplasmosis impacts, as well as a connection between predisposition for mental illness and toxoplasmosis onset in women of reproductive age.

Toxoplasmosis can lead to lingering morbidity in women, mothers, and infants. A rapidly changing environment drives feline toxoplasmosis into high-density cities, and increased contamination runoff affects land and marine ecosystems, which directly impact global health. Conclusion: Feline overpopulation and contaminated storm runoff are exacerbated by a changing environment and put at-risk populations of women at greater risk. In order to improve mental health outcomes and reduce morbidity in mothers and infants, there must be policy implementation following the planetary health model with consideration for socioeconomic status to effectively target toxoplasmosis impacts.

**Cortni Bardier**

***Black Womens Maternal Mortality: A Crisis***

Objective

Black women have a higher mortality rate than other racial groups in the United States. Addressing racial disparities in maternal health should be a priority among women's health care providers. Although this topic has been researched and developed over the years, it still remains a problem. This approach is different than other investigations as it incorporates midwifery and an adjustment in the way we perform women's health within the United States.

Methods

The investigative approach was through a review of thirty peer reviewed articles through databases such as pubmed, ebscohost and google scholar, utilizing terms such as black women's health, maternal mortality, prenatal care and midwifery.

Results

The results of the studies exhibited race stills plays a critical role within the way women experience and receive maternity care. Bias, lack of trust in patient-provider relationships and assessment of prenatal care negatively affected black women's experiences. Although midwifery is not widely practiced in the United States, incorporating it into the healthcare system has proven to be effective amongst small populations that utilize them.

Conclusion

These results relate back to the problem as it shows there is a lack of connection between physicians and black women, thus negatively affecting their health as the healthcare system continuously fails them. The results further confirm that this is a problem that still needs to be addressed and resolved. We can learn that having more effective and intentional cultural competency trainings, surveys, incorporating midwifery and creating a holistic care model that allows to center the patient will improve health outcomes.

**Nadia Espino**

***Access to Menstrual Hygiene Products: A Global Gender Equity and Human Rights Issue***

Background: Limited access to menstrual hygiene products is a global gender equity issue that makes it hard for females to have a healthy menstruation. Moreover, products need to be financially feasible for females everywhere. My aims for this analysis is to address the

importance of this issue with key factors that make access to menstrual hygiene products difficult due to social stigmas that create barriers for healthy menstruation practices, government policies that make it unaffordable for all women to buy menstrual hygiene products, and lack of resources to material items that leads to an increase of mental health and a rise in school absence among girls in low, middle, and high-income countries. Lastly, this analysis will also address innovations for access to sustainable and reusable hygiene products that are being used.

Methods: A literature review took place that searched for articles with the following key terms; sustainable products, middle and low income countries, menstrual stigma, education, taxes on feminine products, mental health. Databases used are Ebscohost, Proquest, Pubmed, and google scholar.

Results: Similar themes and findings were present among articles showing that females all over the world who were from low socioeconomic statuses were unable to afford menstrual hygiene products that additionally resulted into adolescent girls missing school. In addition, cultural barriers resulted into lack of funding for imported products in low and middle income countries. However, articles addressed by removing tax on products and providing sustainable products can increase access among all populations.

Conclusion: To make menstrual hygiene products accessible all over the world. Females should not have to fight for easier access to products. Not having access is ultimately a human rights issue and continues to be a gender equity issue.

### **Stephanie Huerta**

#### ***Child Marriage: A Detriment to Economic Advancement in Sub-Saharan Africa***

Child marriage is a violation of the most basic human rights and occurs frequently in sub Saharan Africa. The union, whether formal or informal, makes young brides susceptible to poor health outcomes, school dropout, and early pregnancy, which act as barriers toward becoming productive empowered members of society. This thesis investigates how child marriage excludes young girls from the economy to which they would otherwise positively contribute. First, I explore the social, mental, and physical impacts of child marriage and how they influence a girl's development. The overall outcomes are detrimental, and they funnel into the three aforementioned consequences: poor health, incomplete education and low fertility control. These consequences have a continued effect, with lack of education leading to loss of opportunity and a smaller labor force, pregnancy contributing to high population rates, and their damaging environment increasing healthcare expenditures. This paper calculates a high opportunity cost of child brides' exclusion and finds the economic potential of these girls could beneficially impact the region's economy by increasing gross domestic product.

### **Zachary Lagotta**

#### ***Pediatric Lymphoma in Africa***

Measurement of incidence rates of childhood cancer in Africa is difficult. However, for several childhood cancers, such as lymphoma, incidence rates in Sub-Saharan Africa are higher than those in high income countries. The increased rates of pediatric lymphoma in Sub-Saharan are alarming, and this paper ultimately seeks to understand why such a phenomenon is occurring by focusing primarily on Kenya. Higher incidence rates of pediatric lymphoma in Kenya can be concluded to be a result of high rates of communicable disease, socioeconomic factors, and environmental factors. This paper will first explain how research shows that there is a strong correlation explaining how HIV and Malaria result in a high predisposition on developing lymphoma. Next, explaining how contaminated drinking water from lack of a proper clean drinking water system and other environmental factors that contribute to higher incidence rates will be discussed. Furthermore, it is clear that lack of adequate diagnostic and treatment facilities, leads to under-diagnosis of lymphomas. The article will conclude by explaining how the increased incidence rates are composed of all three factors put together and talk about what can be done. Future research and public health intervention to lower HIV and Malaria rates would be helpful in lowering lymphoma rates. As well as early and affordable lymphoma screening procedures.

**Cristal Maldonado**

***Postpartum Depression Prevalence Rates Among Latina Women***

Regardless of race or ethnicity, women are vulnerable to postpartum depression (PPD). In particular, Latina women have the highest birth rates of any ethnic group, making them a high-risk population. The aim of this research is to highlight that postpartum depression among Latinas is underdiagnosed, underreported and untreated, therefore affecting initiation and access to care. How mental health is dealt with in different cultures tends to play a role in both experiences of mental illness and whether women choose to initiate or seek treatment. The increased prevalence rates among Latina women are due to risk factors such as low income, decreased education, young age, and personal history of depression. Structural, instrumental and social treatment barriers plays a crucial role in increasing postpartum depression and obstructs treatment-seeking behaviors. Based on the Latino population being the largest and fastest growing ethnic minority group in the U.S., there is a pivotal need to increase the cultural knowledge and treatment availability for this population to better improve postpartum depression outcomes among high risk Latinas.

**Matthew Mene**

***What types of interventions could reduce cervical cancer in Sub Saharan africa for 13-15 year old adolescents?***

Abstract: In sub-Saharan Africa, cervical cancer is on the rise due to lack of access of services, doctors and resources. Most cervical cancer is due to the underlying disease of Human Papillomavirus infection. I argue that if we aim to target adolescents in the age range of thirteen

to fifteen years old, it can lower the risk of cervical cancer dramatically. The biggest problem would be the access to care and how we could use what other countries are using as interventions and slowly bringing those interventions to sub-Saharan Africa. A simple intervention of vaccination is a big key in preventing cervical cancer and it simply just reduces the risk of HPV and cervical cancer at the same time. The focus on proper education on sex is very important. Other countries use education as a method to prevent the HPV virus and it helps adolescents understand the importance of safe sex and transmission of disease. One of the main interventions that will work in sub-Saharan Africa is educating to adolescents about cervical cancer so they know what exactly the disease is and how they can easily prevent it. The education would simply be information or for example Pap smears at the doctors, or practicing safe sex. Although it sounds easy and doable, the education system in sub-Saharan Africa lacks due to not all kids and teenagers go to school. Overall a more affective approach would be to make the residents of each region aware of safe sex measures and access to care that help prevent this disease.

**Mona Motaghian**

***Maternal and Infant Mortality Rate in the US***

Background: In the developed country of the United States of America, maternal and infant mortality is an increasing issue. Racial disparities greatly affect the rates and numbers of mothers and infant survival. The health of African American mothers influences the development and success rate for their infants. This paper illustrates the controversial mortality rates in the United States and the research conducted is unique to which it dives deep into disparities African American mothers and infants face on a daily basis.

Research: The aim of this research is to develop awareness of the current maternal and infant mortality within black communities in the United States. The goal is to better understand the link within these issues and how the black population are increasing in death rates.

Methods: I will be conducting a research comparing Southern states to the Midwest African American community.

Results: Based on my observations, I have discovered that income and class does not affect the infant and maternal mortality rate of American Americans. Institutional racism greatly affects the survival rate for African American women and infants.

Conclusion: Overall, the United States remains to be one of the main countries to have a high infant and maternal mortality rate. Factors affecting these women and infants include racial disparities from hospitals and its institutions. This study greatly affects the field of global health as it demonstrates the poor healthcare system held within the United States. As this research concludes, health equity is negatively represented from the maternal and infant mortality rates among African American women.

**Sary Perdomo**

***Dry and High: How Water Insecurity in Conflict and Climate Change Zones affects Maternal and Child Health***

**Aims:** Water covers 71% of the Earth, yet 1 in 10 people lack access to clean, drinkable water as a result of water insecurity. Water security is the ability of a population to attain clean, safe water through transborder cooperation, financing, political stability, and good governance. Conflict and climate change are tremendous inhibitors from achieving security, sustainability, development, and human well-being. This paper examines how water insecurity can have an impact on the accessibility of water and health outcomes in the context of maternal and child health.

**Methods:** A case study analysis is used to assess the water security challenges associated with countries struggling with climate change and conflict. Afghanistan, Honduras, Somalia, and Syria are used to analyze water insecurity and health outcomes in different parts of the world. Sources that are used are peer review articles to details policies and historical background and grey sources such as news articles to gather currently information.

**Results:** Climate change and conflict can weaken water infrastructure and diminish natural resources. These external influences cause failing health and sanitation systems, leading to the rampant inaccessibility of clean, drinkable water. Afghanistan, Honduras, Somalia, and Syria experience common water-borne illnesses, malnutrition, and mental health issues. However, a key aspects of Afghanistan is that up to 70% of water points in the country are now dry and 10% of those that are not yet dry are receiving water treatment. This is only exacerbated by ongoing conflict with the Taliban. Also, Afghanistan has high levels of soil and water contamination, which leads to chronic malnutrition. Honduras experiences constant drought year round, affecting about 170,000 families annually. Most of these families live in rural areas where they depend on small springs for their subsistence farming. Somalia is experiencing an unprecedented measles outbreak. About 80% of cases are children under 10. The ongoing crisis in Syria illuminates how water has played a role in partially causing and exacerbating the crisis. In this profile, water scarcity caused by climate change results in conflict. An extra consequence that usually remains invisible mental health. Mental health is always playing a role in people's lives, especially in situations when survival is the topic of concern. Although it may not be explicitly said, it is always involved in people's lives.

**Conclusion:** From a health perspective, water insecurity can lead to water-borne diseases, malnutrition, and mental health issues. Hence, the inclusion of water security in future global policy and governance frameworks is crucial for improving population health in countries concomitantly impacted by climate change and conflict, leading to water insecurity. This paper proposes additional targets and indicators in the SDGs, additional research that will create greater awareness, and transborder policies that can alleviate conflict driven water insecurity.

**Julia Quon**

***An Analysis of Skilled Birth Attendants and Traditional Birth Attendants in Sub-Saharan Africa***

**Aim:** The aim of this study is to differentiate the scopes of practices of traditional birth attendants (TBAs) and Skilled Birth Attendants (SBAs) in four countries in Sub-Saharan Africa within the top forty countries with the highest maternal death rates. The four countries analyzed so far are Ghana, Senegal, Tanzania, and Nigeria.

**Methods:** Data utilized from this study were free and accessible through the UC San Diego library website. This study excluded anything that had a fee because the author did not want to pay for it. This study excluded data from sources that required a formal research proposal, Institutional Review Board outline, subscription fees, or not usable by students. All research done is from studies that have been published in 2019 or before. The reviews focused on articles that discussed topics of cultural competency, criticism or praise of SBAs and TBAs, and about the women in each country that uses them. The research done includes personal anecdotes from the mothers.

To supplement information and add extra credibility and experience, grey literature was reviewed that was not necessarily peer-reviewed. Articles from the W.H.O. and its affiliates surrounding policy was not peer-reviewed. This study does not contain any of the author's original research.

**Results:** Although all these countries in SSA utilize TBAs and SBAs, these countries have different reasons for why they use one or the other more. They are not a homogenous region with all of the same values. Each country had different demographics, cultural norms, and religions. They have different economic structures and should not be categorized into one pan-African identity. This study will do its best to not over-generalize or stereotype, but will draw conclusions from research published about these areas. Women in SSA do not use SBAs because of the lack of resources, social-cultural norms, or delays for perceived care and emergencies. Multiple studies have demonstrated that women prefer TBAs because of the payment methods. Doctors, Midwives, and nurses, also known as SBAs expect payment right away from their patients (Jennings et al. 2016). This paper will look at why women choose to have a TBA instead of an SBA.

**Proposal/Conclusion:** I propose that there be an educational tract to increase the number of skilled birth workers, and allows traditional birth attendants to assist with deliveries but not deliver the babies all by themselves.

**Uzair Shah**

***Addressing Unmet Need for South Asian Women's Family Planning and Reproductive Care***

The Millennium Development goals set out commitments to “reduce child mortality” and “improve maternal health” in goals four and five respectively. Central to the global strategy in attainment of these targets is reduction of fertility rates focused in the regions that they remain stubbornly high—primarily among the lowest socioeconomic strata living in LMIC. Over 40% of

the South Asian population lives below the poverty line as defined by the World Bank, a reality which contributes to consistently higher fertility than much of the rest of Asia-- only in Sub-Saharan Africa are South Asia's rates of population growth rivaled. Besides the environmental and economic strain it poses to the world's resources, high fertility also heavily burdens maternal, infant, and general population health. Parity that despite interventionists' best efforts remains obstinately high however often leads to stagnation in fertility reduction progress, and as such loses its appeal for investors. In some cases, despite introduced family planning interventions resulting in increased access, contraceptive prevalence rates remain low. In these settings where populations are slow to adapt, interventionists while maintaining respect for cultural integrity must shift their focus to the norms obstructing change to further advance reduction progress. It is a combination of socioeconomic, religious, and cultural factors that ultimately must be navigated to determine average parity. Through a review of reproductive health literature and relevant past interventions, this paper seeks to ascertain the major sociocultural barriers to progress as well as the methods proven most effective in decreasing fertility. Especially in the regions of South Asia where fertility and maternal mortality rates persistently resist reduction, relevant stakeholders must commit and coalesce to prioritize reproductive health and family planning care and education. Through culturally sensitive, woman-centered reproductive health interventions based on the successfully employed techniques of family planning actors in the region, public health educators and administrators have a responsibility to reduce South Asia's fertility and by extension maternal mortality.

**Chui Shan Yu**

***The tradeoff between child labour and education in Cambodia: How does child labour negatively affect a child labourer's human capital?***

Cambodia after 30 years of civil conflicts and recovering from the genocide, remains the poorest country in Asia. Cambodian government established free 9-year primary education system since 2001, but the school attainment and completion rate among child labourers remains low (ILO 2013, xv). The paper analyses the current primary education system and policies and argues that child labour overall poses a negative impact on a child labourer's human capital. Failures of educational policies in providing good quality education and socio-cultural factors together perpetuates the cycle of valuing child labour over schooling. Importance and benefits of education especially for younger children outweigh that of engaging in child labour. Future education policies should place more emphasis on education and bring in incentives for both teachers and children to participate in school.

### [Global Health Diplomacy](#)

**Avery Allen**

***The Health-NGO Landscape of Haiti***

**Aim:** Nearly a decade ago Haiti experienced one of the worst public health crises in the world following the 2010 earthquake. This disaster led hundreds of Non-Governmental Organizations (NGOs) and humanitarian aid organizations to rush into the country. This paper aims to investigate the NGOs still active in Haiti today and to look specifically at their impact on health capacity.

**Method:** This research was conducted by investigating a database of NGOs in Haiti released by the United Nations Office for the Coordination of Humanitarian Affairs in 2017. Then each NGO's name was searched for on google to find the organization's website. The websites were then analyzed to find a mission statement, active projects, and general information about each.

**Results:** From the list of 196 NGOs, 123 NGOs were found to still be actively working in Haiti. Of those active NGOs, 61.8% are medical focused or conducted some medical-type projects (n=76). Only 17.9% of the NGOs run sustainable long-term health projects for health system strengthening (n=22) while 33.3% still focus on disaster relief (n=41). Only 12.2% of NGO's in Haiti are Haitian run (n=15) while the majority are entirely US based (n=42).

**Conclusion:** Sustainable growth to Haiti's health capacity is the goal of most funding organizations like USAID and PEPFAR, but for this change to be seen a shift must occur in the work conducted by NGOs. The focus of NGOs in Haiti must change from disaster relief to long-term health system strengthening projects. Also, Haitian-run organizations must be supported as they have the strongest foothold in the country and the best understanding of Haiti's long-term needs. This transition to sustainable health capacity building must be advocated for by NGO donors and large funding groups like PEPFAR and USAID, who should put in place policy that allocates funds to health system strengthening over short-term humanitarian projects.

**Nicolette Carlos**

***Global Health Diplomacy in Latin America***

**Aim/Introduction:** With limited literature available on the practice of global health diplomacy by governments throughout the Latin American region, the aim of this study was to explore the practice of global health diplomacy as an effective tool in global health policy making. This form of "smart" or "soft" diplomacy relies on utilizing policy power strategies based on attraction and pursuing global health goals in the context of broader foreign policy objectives. Areas of shared interest include innovation of technology, trade, national security, and globalization demanding new applications of global health policy and diplomacy specific to challenges in the Latin America region.

**Methods:** This study conducted an interdisciplinary literature review of scholarly literature in databases including JSTOR, Pubmed, ScienceDirect, and GoogleScholar, as well as a grey literature review of multilingual government documents, health budget expenditures, country health guidelines, and policy documents. A comprehensive review of individual case studies among Latin American (i.e. Brazil, Chile, Cuba, Mexico) countries implementing health diplomacy approaches was also conducted.

Conclusion: Implementation of Global Health Diplomacy as a key tool in health and foreign policy making for Latin American countries will continue to improve public health strategies that address acute needs in the region including persistent burden of chronic diseases, unstable health infrastructure, and neglect of health expenditures. Bridging various stakeholders, actors, bi-lateral, and mutli-lateral agencies involved in social development through health diplomacy may strengthen the relationships needed to progress Latin America's healthcare system. Further research is essential to grasp the notability and extent of the effect global health diplomacy practice has towards improving health amongst the Latin American region through health policy and analysis.

**Danielle Monique Cerdena**

***The Impact of Short-Term Medical Missions in the Philippines***

Short-term medical missions in the Philippines are highly regarded as admirable, effective mediums to execute humanitarian aid towards underserved Filipinos. However, there exist significant, detrimental repercussions resulting from poor execution of these trips. This paper asks how might short-term medical missions conducted by healthcare practitioners from high-income countries impact underserved populations in the Philippines. Generally, there exists a false narrative regarding medical missions, claiming that the healthcare volunteers from the United States and/or other high-income countries must assume the responsibility of repairing the Philippines' inefficient healthcare system. This paper aims to challenge that idea by, instead, encouraging readers and participants to understand that the intent behind short-term medical missions is to mitigate the local healthcare system's shortcomings by solely "filling the gaps" rather than replacing the existing practice. In order to achieve this, both parties, the providers and patients, must possess a mutual acknowledgment of the intent behind medical missions, the importance of a collaborative and conversational relationship, and methods to combat ethical challenges that may arise in medical mission settings. Because medical missions are heavily encouraged, if not glorified, among medical and humanitarian institutions and the general public, closely examining the impact, both beneficial and consequential, that short-term medical missions have on Filipino communities can facilitate efficient and sustainable care.

**HIV/AIDS**

**Renu Bansal**

***HIV Risk Among Male Sex Workers in Asia: An Underrepresented Population***

Introduction/Aims: The Asia-Pacific region has the highest HIV prevalence in the world outside of sub-Saharan Africa, reported to impact 5.2 million people in 2017. Sex workers and men who have sex with men (MSM) are two groups which have the highest HIV risk, a risk accentuated for male sex workers (MSWs) in many Asian countries. The aim of this study was to increase awareness for an underrepresented population in Asia by analyzing the different existing

policies and associated risk factors which affect the efficacy of proposed HIV prevention interventions among this specific sub-population.

**Methods:** This study conducted an analysis of the peer-reviewed literature and grey literature on the topic of MSWs and HIV risk for Southeast and East Asian countries. Further analysis of the applicable laws and policies for each country that impact MSWs was also conducted.

**Results:** The study found that laws, policies, and social factors impact the effectiveness of implementing HIV prevention interventions among MSWs across many Asian countries such as India, Thailand, China, Vietnam, Philippines, Pakistan, Indonesia, Japan, and Malaysia. There have been interventions targeted at MSWs implemented in these countries, such as access to anti-retroviral treatments, and HIV testing, but barriers to HIV prevention exist. In the majority of the countries which were assessed, the criminalization of sex work and same-sex sexual behaviors, in addition to violence against MSWs increases HIV risk because it leads to limited access to health care resources, risky behaviors, and increases discrimination and stigma. Despite these risks, only five of these countries have developed specific policies to address MSWs and HIV. Many of the policies focused on law reform to decriminalize the practice of selling sex work and same-sex practices, and increase sex worker's rights for health, education, and protection from violence.

**Conclusion:** Though some countries are attempting to address the unique HIV risks of sex workers, many laws and policies are not specifically geared towards the MSW population, and instead focus primarily on female sex workers (FSWs) and men who have sex with men (MSM). Since HIV transmission among MSWs is impacted by factors related to both FSWs and especially MSM, policies should be created to decrease HIV prevalence specifically within the MSW population.

**Deanna Fong**

***Stigma is an Enigma: The Role of HIV-related Stigma on the Mental Health of Trans (Male to Female) Sex Workers in Thailand***

The world's largest global burden of disease (GBD) is mental illness, with its global measurable burden far exceeding any other noncommunicable disease (NCD), such as cancer, diabetes, and cardiovascular disease. One main factor that heavily impacts mental health is stigma. This thesis examines the relationship between perceived, internalized, and anticipated HIV-related stigma on the mental health of trans sex workers (TSW) in Thailand. The research analyzes the negative effects on TSW health outcomes and how it ultimately traps them into a vicious cycle of HIV risk. Drawing on studies that examine these health outcomes, it was discovered that roughly 50% of TSW have not been tested for HIV in the past 12 months and those found to be HIV+ have lower medication adherence (Nemoto et al. 2012, 212). As a result, HIV prevalence among trans sex workers is nine times higher compared to male and female sex workers (Poteat et al. 2015, 274). Due to financial obligations to support family, many TSW participate in

risky behaviors to gain more money or as a coping mechanism, including unprotected anal sex and drug injection. The multiple levels of oppression that TSW endure on a daily basis worsens their mental health, leading to perpetual marginalization. Community-based organizations specifically catered to ostracized populations have been found to be effective in creating a sense of community and serve as a positive mental health booster. Evidence-informed and cultural-based interventions tailored to trans sex workers that address intersections between HIV and mental health should be further explored.

**Nicholas Gash**

***"You still are living in apartheid": 21st century Economic Apartheid and its insidious role in the transmission of HIV among Black South African Women***

For the last 37 years, the prevalence of HIV/AIDS in South Africa has alarmingly worsened to the point now that South Africa has the world's biggest HIV epidemic with 7.2 million of its citizens living with HIV. During this period, the HIV prevalence rate among young women has become four times greater than men their age. In 2016, women, between the ages of 15 -24 made up 37% of new infections in South Africa. Researchers have investigated this abnormal phenomenon and found that poverty, lack of education and gender-based violence are all vectors of HIV for not only young South African Women, but for all women around the world<sup>1</sup>. Based on my research, the post-apartheid South African Government's adoption of neoliberalism and its practices have allowed for these inequalities to be ubiquitous in the everyday lives of South Africans. By examining the South African sectors of politics, AIDS policy development, education, labor market and social/gender norms, we can witness how neoliberalism has allowed the legacy of Economic Apartheid to exist in the 21st century. It is this free-market Neoliberal ideology that enables the structural violence of institutional Economic Apartheid, which cultivates these adverse environments of poverty, lack of education and gender-based violence that allows HIV to thrive and feast on the lives of the Rainbow Nation's daughters. Identifying the origins of these social and economic inequalities is not only important for the prevention of HIV among young South African Women, but for all women around the world. Inoculating the world from these socioeconomic vectors of HIV will reduce the rate of HIV infection for all future generations of women.

**Dannish Ghias**

***The Question of Humanity: Unfair Treatment, Sex Workers in Bangkok, Thailand***

Throughout this research the central problem that is being addressed is the exploitation of sex workers in Bangkok, Thailand. The study is important because it sheds light on the cruel and horrendous conditions sex workers are put into; thus, compromising one's health. It's important to focus on this because it sheds light on the importance to stop sex trafficking while also providing ways to focus on the well-being of individuals. This study is different because it focuses on cultural aspects while looking at research to understand the correlation between the two. Methods involved within this study include interviews, case studies, articles and research

(data). All these back up the main problem and show the vulnerable positions sex workers are put into. Major results within the research include the lack of knowledge, institutionalized violence, and stigma that goes with being in this specific profession. Study shows violence is embedded within their history as sexual violence rates are skyrocketing in Bangkok, Thailand. The lack of control and abuse towards those that are being trafficked should be addressed by the government. More data found shows how this industry has a drastic correlation with Thailand's economy while it also profits local businesses. All these results point back towards the problem of Thailand being the center of the worst conditions and exploitation of individuals. The results found within this study are important because they represent problems that go under the radar. We can learn about the exploitation and unfair health along with the data and reasonings behind everything occurring in that region.

**Hector Godinez**

***United States HIV Crisis: HIV Positive Gay Men and Poor Mental Health; Comorbidity with Reduced HIV Treatment Adherence***

Men who have sex with men make up a large portion of the population living with the human immunodeficiency virus (HIV) in the United States. The large prevalence of HIV in this population serves as a critical issue for global health; despite advances in HIV prevention and treatment, gay men represent two-thirds of new HIV infections yearly in the United States (Batchelder et al. 2017, 1). Mental Health and a HIV positive status are correlated in that poor mental illness can affect HIV treatment adherence, risky behavior, and drug abuse. In order to understand the effect of an HIV positive status on mental health, this study examines through an literary analysis the mental health effects for HIV positive gay men. In addition, this paper examines the mental health status of men who have sex with men (MSM) as a sexual minority and the effects of the intersections of identification as a sexual minority, HIV positive status, and mental health status. The results of the study show that HIV positive status negatively affects the mental health of gay and MSM as seen through higher reported rates of depression, anxiety, and feelings of loneliness that results in experiences of distress, trauma and substance abuse within the United States. This conclusion suggests that the United States healthcare system can better support gay men in terms in co-treatment of mental health and treatment adherence.

**Sandy Phan**

***Women's Health: HIV Prevalence Higher Among Women in sub-Saharan Africa***

The central problem being focused on is women's health, specifically concentrating on countries in sub-Saharan Africa. Since sub-Saharan Africa is still a large region, I narrowed my search towards Eswatini and Botswana, who have the highest HIV prevalence to this day. Women's health can lead to a variety of problems, but the main focus is on sexually transmitted diseases, pointed directly at HIV prevalence and transmission. HIV has been an ongoing battle among women, especially in developing countries. It is important to study women's health in developing

countries because even though medical innovations have reduced HIV transmission, other countries still face health equity. Through both epidemiological and social research, it is evident that HIV transmission is caused by social structures. Social structures such as polygamy, transactional sex, and gender indifferences that hinders women to become an advocate for their own bodies when it comes to practicing safe sex. In order to convey the significance of HIV and women's health, I compared and contrasted both eSwatini and Botswana in terms of political and social structure to analyze why these countries have the highest HIV prevalence. Through my results, it was clear that women face hardships when dealing with their own health. Many of the males travel for work, and for long periods of time. They seek other forms of companionship, whether through transactional relationships or platonic relationships, that often times lead to polygamous relationships. These findings tie back to our overall central problem, because females have no opinion or control in their relationship. Females tend to be less vocal with their male partners when it comes to both sex and having polygamous relationships. Which causes more susceptibility to HIV transmission and putting more emphasis on gender indifferences.

**Michelle Vasquez Godinez**

***Decriminalization of Sex Work in Thailand: The Effects of the Current Policy and the Positive Repurcissions Possible With Decriminalisation in the Context of the HIV/AIDS Epidemic***

Thailand, a country that can be deemed as a sex capital due to the immense volume of sex tourism and sex work that occurs within it, has deemed sex work illegal since 1960. Thailand has been able to act as a model country with their 100% condom program but the legal status of sex work acts as a step backward towards their attempts of addressing the HIV/AIDS epidemic. While HIV is more prevalent among sex workers, this is due to various particular reasons. The legal status of sex work has a direct impact on the HIV/AIDS epidemic in Thailand due to the vast existing sex work industry; with the current legal status, the HIV/AIDS epidemic has been worsened due to the factors that illegalizing sex work has allowed. In the global sense, sex workers are already thirteen times more likely to contract HIV but in a sex capital like Thailand where the industry is robust, this issue could be addressed through change in the legal system surrounding it. Decriminalising sex work could better the situation by allowing for actions surrounding regulation, condom use, reduction of direct harmful existing factors, and an overall reduction of HIV/AIDS prevalence and incidence rates in Thailand. This paper examines why sex work should be decriminalised for the overall prevention of HIV/AIDS as well as bettering of the current epidemic.

**Anh Truc Vo**

***A Tale of Two Countries: Comparison of Kenya and Uganda's Primary Care Structure to Adapt to the HIV Epidemiological Paradigm Shift***

**Problem:** HIV as a disease currently transitioning from a fatal, acute condition to a chronic, manageable disease with unique long-term comorbidities. Sub-Saharan African countries' health systems have been structurally influenced by vertical funding structures through global health initiatives with a distinctly tapered focus on treating HIV as an acute disease. Under these forces, it is unclear whether vertical funding-driven countries' health systems are equipped to adapt to a chronic healthcare delivery model for HIV patients.

**Purpose:** To examine the health systems in two neighboring countries, Uganda and Kenya, through a case-study, policy-oriented approach and examine specific characteristics that contribute to HIV integration for chronic primary healthcare.

**Methods:** A literature review on peer-reviewed articles pertaining to primary care and HIV treatment systems in Kenya and Uganda was conducted. Conceptual frameworks were developed to construct two case studies of the healthcare system and policy landscape of the two countries. Findings were synthesized to comparatively examine models of HIV care between the countries and their potential effectiveness.

**Results:** Due to its funding structure and proactive healthcare policy reforms, Kenya was able to develop a more comprehensive, structured primary healthcare system that readies itself for the HIV epidemiological paradigm shift and need for integration. In contrast, Uganda's fragmented health system makes it difficult to integrate HIV into primary care services, which is attributable to persistent vertical funding program dependency.

**Interpretation & Implications:** A country's historical and sociopolitical context that is supportive of primary care can translate into better adaptation to the current HIV epidemiological shift. Vertical funding models should be balanced with more comprehensive, horizontal care structure for sustainable care models.

**Anh Van Vo**

***The Interactions among Institutions in HIV Interventions among Injection Drug Users in Post-Soviet Russia***

Since 2001, Russia has been experiencing the fastest ever growing HIV/AIDS epidemic (Amirkhanian 2011). The fall of the Soviet Union in 1991 is a crucial moment in Russia's history that left Russia in an unstable position to address the incoming HIV/AIDS epidemic of the mid-1990s. During this time, recreational drugs primarily heroin became more accessible to Russian due to the open border; however, the knowledge about the dangers of drug use fall short which lead to many young people getting infected with HIV through injection drug use (Zigon 2011). Today, the high rate of infection points to the lack of effective preventative measures from multiple levels of institutions. Various institutions including the government, NGOs and church have intervened to control the HIV epidemic by offering different interventions for injection drug users, who are one of the primary drivers for the HIV/AIDS epidemic in Russia. The aim of this paper is to analyze the responses elicited from different institutions (NGO agencies, Government, and Orthodox Church) in Russia and how these institutions interact with each other to affect the access and quality of care for injection drug users in HIV/AIDS interventions. By utilizing interdisciplinary literature on not only HIV/AIDS and drug use in

Russia but also anecdotes and ethnographies on structural and cultural barriers, it is evident that these current approaches in Russia does more harm than good to the experience for injection drug users and exacerbate the HIV/AIDS epidemic. Among these actors, many common factors such as a multitude of systemic violence and moral assumptions have shown to contribute to the negative effects. My findings suggest that we must take a closer look at how to address these social and systemic barriers in order to implement a more effective intervention for injection drug users in Russia.

### **Indigenous & Traditional Healing**

**Sofia Davis**

#### ***Primary Health Care Interventions in Peru: What Works and Why Should We Care?***

**Problem:** What are the current primary health care interventions in Peru and what lessons can be learned from them? Why is effective primary health care important?

**Purpose:** Despite wide recognition of the value of quality primary health care, many populations across the world lack access to primary care services either because of cost, physical distance, and lack of services as well as broader sociopolitical forces. This thesis seeks to evaluate a sample of current interventions in Peru in an effort to synthesis results and possible recommendations for future programs.

**Methods:** The research was conducted through a literature review of scholarly articles on databases accessible using UCSD credentials. This review was completed by searching key words such as “primary health care interventions in Peru”, “origins of primary health care”, and “indigenous medicine”.

**Results:** Current primary health care interventions in Peru include the CRED program focused on growth and development of children and the CLAS program involved with improving primary care services in the Las Moras community and 250 others. Other examples include the Good Start to Life program centered on reducing stunting, anemia, and vitamin A deficiency among children and telemedicine interventions to be used by providers in rural areas of Peru. Effective primary health care can have significant implications on health outcomes of populations as well as on fiscal spending in the health care sector by both governments, providers, and patients.

**Interpretation:** The various interventions in Peru highlight the success of growth and development monitoring and allowing communities to direct how their primary care services should be implemented. In addition, cultural considerations, especially with merging indigenous medicine and biomedicine, were pertinent.

Implications: Evaluating the effect of primary health care interventions can help global health actors improve and develop new methods for services that are cost-effective and beneficial for patients.

**Stephanie LeGault**

***Binational Indigenous Health and Labor Exploitation: Costa Rica and Panama***

Binational Indigenous Health and Labor Exploitation: Costa Rica and Panama

Aims: Indigenous migrating laborers are one of the principal economic contributors to the Costa Rican and Panamanian agricultural economy due to their low-labor costs. These populations lack healthcare access and labor-related education, and are therefore at higher risk to develop chronic illnesses and occupational health hazards. This study assesses the Central American labor and trade policies preventing healthcare access, encouraging low wages based on supply and demand, and current efforts to improve the labor conditions in these indigenous populations.

Methods: This study reviewed literature on indigenous health, labor, and trade in scholarly databases such as JSTOR and PubMed. Additionally, this was supplemented by data from U.S. Customs and Border Protection, the U.S. Dept. of State, NGOs from Panama and Costa Rica, and government documents from both countries.

Results: Labor and trade policies between Costa Rica and Panama minimally punish agricultural business owners for labor exploitation based on the nonexistent education of pesticide-handling. Non-mandated plantation locations affect the health of nearby indigenous peoples due to pesticide exposure that cause detrimental health effects in both adults and children. Trade policies across Latin America advocate for “creating opportunities” for indigenous, migrating laborers. However, despite their domestic revenue-contribution, they’re unable to access medical care through the universal health-care program of Costa Rica due to domestic-economic laws.

Conclusion: The current labor policies in Panama and Costa Rica aren’t responsive enough in addressing the unique health risks of labor and trade determinants faced by migrating, indigenous populations. There’s a need for a more robust law that mandates laborers’ ability to access healthcare and provide labor-related education to prevent the need for treatment of chronic illnesses and accidents. Agricultural trade laws also need to enforce pesticide-perimeter policies that prevent nearby lands from second-hand exposure to chemicals.

**Jhomerie Marcon**

***With Plants or Pills? A Closer Look on How Traditional Healing and Cultural Beliefs Persist Among Asian American Immigrants in the United States***

Formation of the assumptive world through culture and cultural beliefs are the core of the individual and the collective self among Asian American immigrants in the United States. These assumptive worlds allow them to make decisions and judgements towards health and

healthcare. Most biomedical lenses see the folk sector of healthcare as a hindrance in screening, diagnosis and treatment of illness and diseases. However, cultural beliefs related to health decision-making are essential in the formation of systems such as Traditional Chinese Medicine (TCM) and Complementary and Alternative Medicine (CAM). This paper argues that the non-biomedical area of healthcare is just as significant in determining the health-seeking and treatment adherence behavior of Asian American immigrants. Therefore, it's crucial to explore medical plurality by combining precision medicine with CAM. Through a targeted review of existing literatures, this study finds that medical pluralism models of healthcare delivery are feasible, with ethical validity, and are essential in further improving our healthcare framework. The success of this model within the Asian American immigrant community can be used in future research to create a more cohesive and comprehensive model for treatments, interventions, and diagnosis for other minority groups. Additionally, studying the cultural determinants of health-seeking behaviors of Asian American immigrants are important in contributing to the global health agenda of equity and social justice.

### Health Disparities

**Daniel Costandy**

#### ***Ammending Housing First to Break Cycle of Mental Health Disorders in Homeless Populations in San Diego***

The population of homeless individuals in the US are disproportionately predisposed to mental health disorders. This predisposition can be attributed to a cycle that begins with a general homeless state, proceeds to predispose individuals to illicit substance dependence and use, and culminates in an overall increased risk of acquiring a mental illness. This cycle perpetuates itself, as each step in the timeline increases the likelihood of progression into another step in the timeline - seemingly creating a feedback loop. This loop can be broken by an ideology of outreach called Housing First. Housing first, in theory, is a more progressive and cost-effective method of homeless outreach. Housing first, as an ideology, will be analyzed in the context of some major US cities and the country of France (as well as Europe in general) as these two regions have explored the Housing First ideology in practice the most. This argument will begin by advocating the widespread use of a housing first model in American cities with the most dense homeless populations, will proceed to acknowledge the nuances and weakness of the model (through attempts of its utilization in the past) in both the United States and Europe, and will conclude in an endorsement of a housing first model with proposed alterations to be implemented within the current outreach infrastructure that the city of San Diego employs. San Diego's widespread homeless population, and the widespread prevalence of mental health disorders within it, allows it to be a proper trial city to then project the results of a new potential model to be generalized to other major cities in the US. An amended housing being applied to the current outreach infrastructure could improve outreach efficiency with the existing public sector infrastructure.

**Megan Cruz**

***The Modern Hospice Care Renaissance: Finding Equitable End-of-Life Care for Older African Americans in post-Obamacare America***

Since March 2010, Obamacare (Affordable Care Act) showed promising possibilities to end racial health disparities in the U.S. by expanding health insurance to all. However, the problem of racial disparities in the U.S. healthcare system is still a continuous problem among different ethnic groups. Especially for older African Americans and their under usage of hospice and other palliative services that were made available by Obamacare. This paper is a targeted review on journal articles examining the cultural and knowledge barriers that contributed towards the underutilization of hospice among African Americans. This paper will also be discussing the possible reforms that hospice systems can adopt to be more racially inclusive for African Americans. One possible hospice reform would be making partnerships with local African American churches as a gateway for members to learn about palliative services like hospice. Overall, these findings have shown that current U.S. hospice systems and other palliative services are excluding African Americans in post-Obamacare era. It calls on the need for a new potential health delivery care model to improve hospice care for African Americans based on these findings. From this model alone, it can be expanded towards other older populations of other minority groups in the U.S. such as Hispanics and Asians. Therefore, this could be the first step to reach equitable healthcare throughout the United States and possibly worldwide once applicable in palliative care first.

**Elena Dreisbach**

***Exploring the Rural Physician Shortage Globally: Are current solutions enough?***

Background: Populations living in rural environments receive substandard health care, regardless of whether that environment is situated in a developed or developing country. These rural communities are limited in their ability to traverse socioeconomic barriers, and increased difficulty in accessing equitable healthcare further hinders any such progress. Attempts have been made to incentivize health workers to provide care in these areas, but their efficacy has not yet been fully proven nor are the methods entirely uncontroversial.

Purpose: Through a detailed and in-depth literature review, I will elucidate a clearer and more focused picture of the current work being done surrounding the issue of rural health care and the effects of various methods being employed to reduce the impact of this global phenomenon.

Methods: The results and suggestions derived from this paper are a result of research done through key terms and phrases focused on rural health physician shortages and health disparities in India, Ethiopia, Australia, and the United States.

Conclusion: It is necessary for more research to be done into the experiences of vulnerable populations within these regions, and to further investigate those methods which have been

promising thus far. At the very least, those in rural environments should be given greater resources and attention to encourage those interested in medicine to further their education. Additionally, those currently providing care in these regions should be invested in and supported through whatever means necessary. A conscious effort to be aware of global attempts to reduce these disparities could be instrumental in the development of a collaborative and multimodal solution.

**Cera Enriquez**

***Cancer Disparities in the US: Producing Malignant Cell Divisions as a result of Malignant Social Divisions***

Our understanding of cancer in the United States is dominantly approached under a narrow biomedical framework, rendering social determinants and psychosocial factors that generate cancer disparities invisible. The purpose of this thesis is to show how the complexity of cancer as a combination of factors affecting different people across the social strata reveal cancer disparities disproportionately affecting marginalized groups of people. To conduct my research, I evaluated the role of social determinants by comparing morbidity and mortality rates based on socioeconomic status, health insurance, location and living conditions, race and ethnicity, and culture. The population researched includes socially disadvantaged African Americans, Native Americans, and Mexican American immigrants in the United States. I also looked at the role of psychosocial factors such as demoralization and stress, quality of life over a time period, and resiliency. The results show that the more disproportionately impactful social determinants towards the marginalized are race, location and living conditions, socioeconomic status, and access to healthcare resources; all of which contribute to cancer's biological processes for better or worse. Additionally, the restricted access to timely and quality cancer treatment would otherwise dramatically reduce the majority of morbidities and mortalities across the US. The neglected psychosocial factors elucidate how cancer patients experience their illness which affects outcome as well. For example, a helpless perception of the self in relation to others can quietly yet powerfully aggravate one's cancer status. Not only would health care reform reduce the cancer burden, but also reform for collaborative, inclusive, and salutogenic environmental and social conditions to dramatically both aid in cancer prevention and also aid in fostering resilience and healing for the afflicted. With growing cancer rates that persist under inequality, we need to confront cancer far more than the biological factors by framing it as a complex synergy of problems in order to achieve health equity for cancer patients in the United States and globally.

**Patricia Galicia Carmona**

***Cross Comparative Analysis of Orphan Drug Legislation: Lessons and Challenges for Equitable Access to Medicines for Rare Disease Populations: Patients Open and Limited Accessibility to Orphan Drugs***

**Background:** According to the NGO Committee for Rare Disease, there is an estimated 300 million patients with rare diseases. The research and development of orphan drugs, those used to treat rare diseases, have increased since the enactment of the U.S Orphan Drug Legislation in the 1980s, but patients' accessibility to these medications remains a global challenge. Specifically, patients with a rare disease need these treatments urgently, but drugs are often inaccessible due to pricing or lack of R&D activity.

**Method:** The study conducted an interdisciplinary policy analysis by reviewing academic databases including JSTOR, PubMed, and Google Scholar. Information was also collected from reports and websites of governmental agencies (including regulatory bodies), international organizations (including the World Health Organization, United Nations), and other grey literature sources (WHO, US FDA). A review of specific orphan drug legislation in the U.S, Australia, Latin America, India, and Middle East countries was conducted to characterize, policies related to access, intellectual property, regulatory issues, and business considerations associated with orphan drugs.

**Results:** The U.S. established the first Orphan Drug Legislation aimed at incentivizing pharmaceutical companies to innovate and develop orphan drugs. Several countries have adopted similar strategies to U.S. legislation, with additional resources to measure policy goals to measure innovation and development of these drugs to market. Many middle-lower income countries still lack orphan drug legislation and lack a legal definition for a rare disease. Additionally, some countries continue to struggle with delivering the full potential of orphan drug legislation necessitating further policy change.

**Aims:** The aim of this study was to assess the different characteristics of orphan drugs legislation and develop case studies specific to how countries use this policy to improve access to orphan drugs.

**Conclusion:** There is a need to better measure the impact and effectiveness of orphan drug legislation on equitable access to orphan drugs challenges. Key concerns arise regarding the quality of medications in treating rare diseases and the cost of patient access. Additional research is needed to identify what rare diseases are prevalent in different countries and how governments can prioritize their development. Further, there is an acute need for transparency in pricing for these medications in relation to the benefits received by manufacturers through orphan drug legislation.

### **Wayne Harrison**

#### ***If Looks Could Kill: The United States Negative Perception of African Americans Leads to Higher Cardiovascular Disease Mortality Rates***

Currently, in the United States African-Americans are suffering from preventable death at an alarming rate. African-Americans are four times more likely to die from cardiovascular disease

than their white counterparts. Using geographical information system software, we are able to analyze regions in the South that had a higher density of slavery in the past and map out the rates of cardiovascular disease between Blacks and Whites and it was discovered that there was a 17% slower decline in heart disease mortality for Blacks compared to whites (Kramer 2107, 612). This is due to the resounding effects slavery has had on the United States perception of African-Americans which predisposes them to poor health outcomes in regards to healthcare delivery, access to healthcare, and knowledge in understanding what it means to be healthy. For example an African-American's life expectancy is four years lower than the overall population and seven years lower when comparing African-American males to white males based on geographical data (Diehr 2017,8). By being perceived as a subjugated or oppressed group this leads African-Americans to forgo medical treatments or even self-medicate which can lead to worst health outcomes. Racism in the health care field can influence how African Americans interact with the medical field based on perceived discrimination which has an effect on the quality of care and performing the providers recommended medication adherence (Jehonathan 2017,1). Social determinants of health also play a large role in creating health inequities that serve as barriers to prevent African-Americans from achieving better health. Racial discrimination in the field of medicine further compounds the problem because it creates distrust among the African-American communities in the medical institutions. By addressing racism as a determinant of health we can begin closing the gaps in health inequalities.

**Leslin Hernandez**

***Closing the Gap Between Barriers and Use of Alternative Forms of Care in Latino Patients: A Review of the Reasons Why Latinos Seek Other Forms of Care***

Background: According to the U.S Census Bureau, Hispanics are the fastest growing minority group with more than 50 million living in the United States. By 2050, more than 100 million Hispanics will live in the United States (Favazza Titus, 2004). Latinos migrate into the United States for many different reasons. Despite geographical barriers, cultural beliefs and health practices travel alongside individuals when migrating to a new country (Gonzalez-Velazquez, 2016). Latino cultures have long established traditions of alternative health beliefs and healing practices, which fall under the rubric of complementary and alternative medicine (CAM) (Ransford et. al, 2010). Latinos face an on-going list of barriers that disables them from receiving quality care in traditional medical settings driving them rely on or combine alternative cultural health practices to treat acute illness or manage pain. Understanding the different forms of treatment strategies Latinos utilize in combination with traditional treatments can close gaps in quality care for Latino patients and can help create treatment plans that involves cultural practices.

Purpose: The purpose of this research is to examine the barriers Latinos face in the U.S health care system and the types of CAM Latinos utilize when they resort to this form of care. Through this examination, suggestions to close the gap of quality care in ethnic and racial minorities will be provided.

**Method:** I conducted a literature review using PubMed, Google Scholar, and PsycINFO databases and used search words like “cultural competence and medical education”, “folk medicine in Latinos”, “curanderos practices in Latinos”, “Guatemala and folk medicine”, “TCAM in biomedical settings”, “ethnomedicine and Guatemala” to narrow my research. I found 15-20 papers that discuss use of alternative forms of care in Latinos and 8 papers that discuss existing culturally sensitive training programs.

**Results:** Latinos face many barriers that influence their interaction with Western medicine that drives them to seek a variety of alternative forms of care like folk healers (curanderos), botanicas, home remedies, and even travel to Mexico to seek medical care not offered by Western medicine.

**Conclusion:** The use of CAM in addition to traditional Western medicine is evident in the Latino population. The reasons for seeking this form of care are a result of barriers Latinos face while navigating through the health care system. It is important to explore and analyze how these alternative health care services can complement conventional health care services so that the patient can be treated in a holistic, cultural sensitive manner.

### **Nuha Jamaly**

#### ***Palestinian Healthcare Access: An Intentional Deprivation by Israel?***

**Aim:** The chronic state of war has contributed to the disorder of the Palestinian healthcare system. Palestinians bear a substantial amount of stress and challenges when managing the already compromised healthcare infrastructure. In addition to constant economic, political and security destabilization associated with the ongoing conflict. This includes Palestinian access to healthcare and medicines.

**Methods:** I initiated my research by using the UCSD library databases to navigate through a variety of resources to explore possible approaches. I mostly focused on databases that provide medical/healthcare scholarly content like PubMed and JSTOR. I was having a hard time finding possible articles because I was focusing on the terms ‘Palestinian’, ‘access,’ ‘medicine,’ and ‘healthcare.’ It took me some time to realize that Palestinians do not have formal healthcare. If Palestinians need medical attention, they seek ‘medical treatment.’ Once I started using the term ‘medical treatment,’ I was much more successful in my research. Despite the shift in terminology, I was still having some trouble finding articles that correlate to my thesis/argument. As I was reading the potential content, I realized that the reason I was having a hard time finding scholarly articles was that Palestine is not considered to be a state. Therefore, I began to rely on the grey literature which has provided the most valuable content for my research.

**Results:** One of the primary political determinants that lead to the lack of healthcare access in Palestine is the management/control of the Palestinian healthcare infrastructure by the Israeli Ministry of Defense. This government structures leads to restrictions in medical resources, access to healthcare/medical treatment, pharmaceutical trade, while also jeopardizing the safety of medical workers due to ongoing military conflict. Additionally, the lack of freedom of movement has been a considerable contributing factor limiting Palestinian healthcare access.

Palestinian are subjected to travel restrictions that can inhibit their access to appropriate medical attention. In addition, Palestinians are subjected to other administrative barriers of obtaining permits, navigating security checkpoints, and overall restricted access to adequate healthcare that exacerbates healthcare outcome.

Conclusion: In response, this study recommends that Palestinians living under Israeli control should be provided impartial access to healthcare/medical treatment, healthcare facilities, security, protection, and should be alleviated of administrative burdens as they relate to healthcare services. The necessity of providing Palestinians with equitable access to healthcare is a health and human rights issue that requires global health diplomacy and recognition of the unique risk factors associated with populations subjected to political oppression and conflict.

**Matthew Lee**

***Physician Assistants on a Global Scale: Possibilities and Limits in Addressing the Shortage of Physicians***

Aims: This literature review aims to analyze how countries utilize and implement physician assistants in their health-care workforce and determine whether PA's are an adequate solution to the shortage of health-care personnel. Specifically, the history, scope of practice, education, and accreditation/licensure (i.e. the ability of PA's to work in their country of practice) will be characterized and contrasted.

Methods: Information was gathered by conducting a literature review in PubMed, Google Scholar, JSTOR, and EBSCOhost. Articles were identified by using the keywords "physician assistant" or "non-physician" in combination with a specific country. Grey literature sources were also utilized to supplement the literature using the same keywords.

Results: The United States leads all other nations in the total number of practicing PA's, with approximately 123,000. By comparison, the combined number of PA's in countries other than the United States is only 6,115. The countries with the highest number of PA's per capita are the United States (37.4 per 100,000), Ghana (6.6 per 100,000), Netherlands (5.8 per 100,000), South Africa (1.6 per 100,000), and Canada (1.3 per 100,000). Overall, the scopes of practice are similar, with the main difference being the ability to prescribe certain medications. The primary reason countries implemented PA's into their healthcare workforce was to alleviate physician shortages. Most of the PA programs examined are two to three years in length and include both didactic and clinical aspects. In addition, only some countries require a national certification exam upon completing the PA program. All countries other than Saudi Arabia, Germany, Afghanistan, and Bulgaria have their own national PA association that oversees accreditation and licensure.

Conclusions: Literature regarding the impact PA's have on the health system capacity and cost are limited. Hence, further research is necessary to determine whether the use of PA's is an adequate solution to physician shortage and addressing lack of healthcare capacity in relation to other healthcare professionals.

**Hilda Meija Pena**

***Assessing the need of medical interpreters in the health care system in the United States***

According to the 2000 U.S. census, around 47 million living in the United States do not speak English as their primary language. From these people, more than 21 million do not speak English very well or do not speak English at all (U.S. Census, Bureau, 2000). As an effect, health care providers across the nation are currently facing difficulties when treating patients with limited English proficiency. By providing access to professional and well-trained medical interpreters we could reduce some of these difficulties. This is why it is necessary to create more programs that provide the complete training for medical interpreters around the U.S. at a low cost. Also, to create policies that allows non-English speaking patients to have affordable access to well-trained medical interpreters. Along this study, an extensive literature review was conducted about medical interpreters in the United States, their training, their long-term costs and their impact on health care delivery. The results from several research studies carefully analyzed in this literature review have concluded that well-trained medical interpreters can directly improve health care delivery to patients facing English barriers. They also concluded that using professional medical interpreters prevents long-term health care costs. Finally, studies have shown that more research and awareness needs to be done about the lack of well-trained medical interpreters in health care facilities along the United States.

**Alanis Nokham**

***Treatment of Elderly Patients in Different U.S. Medical Facilities: Inequitable Care and Health Outcomes of Geriatric Clientele in Hospitals, Skilled-Nursing Facilities, and In-Home Care Agencies***

Background: In the geriatric population, defined as people ages 65 and over, health complications occur, increasing the need and dependency on medical supervision. Patients end up in particular facilities based on their socioeconomic status and region of residency. Each kind of facility carries their own legal regulations and staff standards for treatment of their clientele. The medical facility's operational framework affects the behaviors of health workers and patients which contribute to the differing treatments and health outcomes.

Aims: Elderly patients under similar health circumstances receive different kinds of treatment based on their medical setting. By pointing out those differences in care and varying health outcomes, this thesis seeks to make a statement that geriatric patients are treated inequitably in the care received across varying medical facilities.

Results: From most satisfied to least satisfied, geriatric patients and their families were generally the happiest with the healthcare received from in-home care agencies where the least amount of issues arose, then moderately satisfied with care from hospitals, and then least satisfied with care from skilled-nursing facilities where the most amount of concerns arose.

Conclusion: In order to help alleviate the inequalities of healthcare received by geriatric clients across medical facilities, there should be more in-depth standardized trainings and education,

same worker-to-client ratios, and leveled amount of pay for all staff in the field. Also, because differing facilities require varying ranges of expenses and fees for geriatric healthcare, there should be funding policies put in place where access are less constrained by cost, allowing more freedom of choice for where people want their health care needs met.

**Jade Serrano**

***Exploring Underrepresentation of Latinx's in Alzheimer's and Dementia Research***

Background:

Alzheimer's is a disease that disproportionately affects individuals who are Latino/a where they are twice as likely as developing Alzheimer's as Caucasians. This is due its link and vascular diseases. Latinos are among the most underrepresented populations in disease research nationwide particularly, in neurodegenerative disease research. Latino's from lower economic backgrounds and undocumented status face the biggest barriers in understanding or accessing these research centers. Diverse research cohorts are necessary for proper dissemination of information to communities. At the Shiley-Marcos Alzheimer's Disease Research Center located in La Jolla California, is focused on recruiting Latino subjects in neurodegenerative studies yet still report low recruitment and retention rates. This discrepancy is due to lack of community education, low economic incentives and geographic location of the research center.

Aims: I will investigate the reasons and barriers for low Latino retention and enrollment rates at the UCSD Shiley-Marcos Alzheimer's Disease Research Center (SMADRC).

Methods: Using the data from the SMADRC registry for the Cognitive Aging Longitudinal study, I will analyze collected data based on attempted recruitment for male and female Latino's between January 2014-January 2019. I will subsequently analyze the reasons why Latino subjects dropped out of the study or were unwilling to participate altogether.

Conclusion: Analysis showed that a large proportion of Latinx participants refused to participate in the longitudinal study. Further, the majority of individuals unable to participate in the study reside in zip codes predominantly comprised of low economic status. This data shows the importance of better recruitment strategies for Latinx's from disadvantaged socioeconomic backgrounds.

**Angeles Tellez**

***The Manifestation of Oppression: The Health and Wellness of Black and Brown People in the United States***

Black and brown people do not receive the same care and attention as their white counterparts in the health field due partially to racism at an institutional level. This has caused Black and brown communities to have poor health outcomes, have a high risk for disease and have high mortality rates. The field's discrimination towards Black and brown health and wellness roots

from racism and other oppressive forces, like class and gender oppression. Additionally, while undermining the health and wellness of Black and brown people, racism and other oppressive forces also produce and empower high policing, which then creates mass incarceration. In the United States, 2.3 million people are incarcerated where the majority are Black followed by Latinx/ Hispanic people. Targeted research shows how the United States has criminalized and incarcerated Black and brown people and consequently deprived these groups of good health and wellness. Furthermore, Black and brown people outside of the prison system are also affected and deprived of good health and wellness. Altogether, this is a health issue because all people are deserving of good health and wellness. And for this reason, in this project, I investigate how Black and brown people are criminalized as a form of systemic oppression and how it affects their health and wellbeing. This is all in an effort to better the health and ensure the wellness of people long deprived of it.

### Clinical & Epidemiological

**Brendan Dao**

#### ***Frailty Syndrome in Latin American Countries***

**Aims:** Frailty Syndrome (FS) is a condition that commonly affects the elderly population, making it difficult or even dangerous to perform daily physical tasks; as the global population gradually increases in number and lifespan, FS is on track to become of far more concern in the future.

The aim of this study was to better define key risk factors of FS within Latin American countries such as Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Panama, Paraguay, Peru, Puerto Rico, Uruguay, and Venezuela. Ultimately, this study aimed to compare the results in Latin America to global trends in FS in order to develop and propose prevention methods against FS globally.

**Methods:** This study conducted an interdisciplinary literature review using three databases: Google Scholar, Oxford Academic, and PubMed. The search queries included the individual countries' names as well as combinations of the following terms: frail, frailty, syndrome, and fragilidad. The sources included were written in English and/or Spanish, and were limited from the year 2008 to 2019.

**Results:** Association with FS was very highly positively correlated with increasing age, and was significantly correlated with: comorbid condition(s), being biologically female, malnutrition, low socioeconomic status, cognitive decline, limited education, depression, and low physical activity. The Latin American countries that yielded suitable sources on FS include: Argentina, Brazil, Chile, Cuba, Ecuador, Mexico, and Peru.

**Conclusion:** The results show that while aging is inevitable, it must be addressed; therefore it is important to make accommodations for the aging population, such as establishing improved accessibility standards, for example. Furthermore, it is imperative that future research be focused on combating comorbidities associated with FS, and that there be emphasis on female subjects since they are at higher risk of FS than males.

**Shugina Khan**

***Clinical trials killing people in the thousands in India and South America***

**Janet Martinez**

***American Trypanosomiasis Vector Control Strategies***

American Trypanosomiasis, Chagas disease, is caused by the protozoan parasite *Trypanosoma Cruzi*. This vector borne pathogen is transmitted by *Triatoma Infestans* and *Rhodnius Prolixus* that commonly hide and rest in the un-plastered cracks of adobe houses or in thatched roofs in poor rural areas. Although Intergovernmental Initiatives and the partnership of the Pan American Health Organization and the World Health Organization have reduced the transmission of Chagas disease, it is currently classified as a neglected tropical disease due to the relatively low attention given to it throughout the Americas. A multidisciplinary approach, including an epidemiological analysis of the distribution of *Trypanosoma Cruzi* is necessary to combat this disease. In order to determine if the collaborative efforts of intergovernmental initiatives and health organizations have reduced the risk of transmitting Chagas disease, I analyzed quantitative data of endemic areas that have vectorial transmission goals and areas that have not interrupted the vectors. These efforts involve creating an effective and equitable vector control program. This can be done using social, cultural, geographical, and economic data. It is also important to study how various intergovernmental initiatives have developed programs and strategies in areas that have not eliminated or seen a reduction in the vector. To find relative articles I used the following keywords: Intergovernmental initiatives, Pan American Health Organization, World Health Organization, American Trypanosomiasis, Chagas disease, *Trypanosoma Cruzi*, vector control, *Triatoma Infestans*, and *Rhodnius Prolixus*. Countries with political involvement, such as Intergovernmental Initiatives and the combined efforts of the Pan American Health Organization and the World Health Organization, to eliminate the bugs have reduced the transmission of Chagas disease.

**Matthew Charles Nali**

***Quitlines: Combustibles, Alternatives and Emerging***

The aim of the study was to look at differences between how quitlines from the United States, Canada and 5 foreign countries address combustibles, alternatives and emerging products. To examine what type of protocols and differences are taken within the quitlines services for combustibles, alternatives and emerging products. An interdisciplinary literature review was conducted by examining journal articles, indexed on scholarly databases. Secondary data was collected by querying national and international organizations and requests were also made to

individual state and country quitlines for more information. Research indicates that quitlines have become well versed in addressing combustibles (cigarettes, cigars and pipes) and alternative (chew, snuff) tobacco. Moreover, the services and protocols which are in place are an effective means for people looking to quit. With counseling support showing the chances of people looking to quit to be almost double. However, emerging products such as electronic cigarettes and cannabis are beginning to be implemented methods and strategies to combat emerging nicotine products. This of course, depends on the states and quitline that received within it. Additionally, this is still not a main focus of the quitlines. Resulting, in strategies that are in their infancy and could be better enhanced to help people looking to quit. While tobacco rates start to climb down in wealthy countries, emerging products are starting to rise. While in low-to-middle income (LMIC) countries tobacco rates are beginning to sky rocket. This trend illustrates that quitlines, that are in majority of wealthy countries are not focusing on emerging products that are have started to trend upwards. Conclusion, smoking cessation quitlines are one of the most effective means for someone looking to quit tobacco products and appear to be adapting for alternative and emerging forms of tobacco-nicotine use. However, emerging products have a place in the quitlines, but are not well developed to provided assistance for people looking to quit the different types of Electronic Nicotine Delivery Systems (ENDS) and cannabis products.

**Karla Penaloza-Valdez**

***Polycystic Ovary Syndrome and Gender nonconformity***

Polycystic Ovary Syndrome (PCOS) is the most common endocrine disorder amongst women of reproductive age in the developed world. Although PCOS is extremely prevalent, it continues to puzzle medical professionals and patients alike due to its heterogeneous nature. This confusion in itself creates a dangerous possibility of misdiagnosing and disseminating incorrect information. Currently, the social and biomedical discourse surrounding PCOS is heavily sexed and gendered, which is expected since it is a condition affecting individuals with ovaries. However, this research project addresses the reality that these individuals might or might not identify as women or female. This research project analyzed the biomedical literature on PCOS specific to its symptomology of hirsutism, weight, and fertility, followed by a comparison to ethnographic studies and articles highlighting the experiences of gender nonconforming individuals (GNC) with PCOS. The results of this are the ethnographic studies largely documenting that GNC experiences tend to be negative when medical staff do not seem to have an interest or respect for their identity and do not allow for these individuals to input into conversations. Ultimately the bulk of biomedical literature does not address the issues with assuming that individuals who experience PCOS and seek treatment for it identify as women, and further implicate a certain lifestyle and bodily expectations on these individuals. The biomedical literature that does address the significance of identity tends to come from a public health, global health, or anthropological background. In conclusion, fields like global health recognize and strive to work towards a future with equitable care towards transgender and GNC individuals due to conducting social, political, and cultural analyses on biomedical frameworks

along with stressing the importance of ethnographic studies as central to learning the needs and wants of the LGBT+ community.

**Sydney Sharp**

***Emergence and Reemergence of Infectious Diseases in the Homeless Across the United States***

Homelessness is a complex issue in its entirety, which requires an interdisciplinary approach to fully comprehend. Homeless individuals are highly susceptible to acquiring emerging and reemerging infectious diseases. The most common diseases they contract include HIV, Tuberculosis, Hepatitis A, and Hepatitis C. The stigmatization they receive for being homeless, their unsanitary living conditions, as well as their lack of resources greatly decreases their well-being, leaving them in a state of disconnectedness and poor health. Poverty serves as a catalyst for the negative health and social outcomes associated with being homeless resulting in social exclusion, exposure to risky health-related behaviors, and limited access to facilities for hygiene and/or health care. With the homeless being one of the most mobile populations, diseases are easily contracted and spread increasing the number of potential contacts. It has therefore been determined that addressing the inequalities associated with the social determinants of health for the homeless is of highest priority. This can be achieved through developing and implementing clinical services targeted specifically for the homeless, as well as drafting future public policies which could lower the rate of homelessness as a whole. These clinical services should be nurse-led, since they have been proven highly effective in past interventions and should be implemented in more homeless dense cities across the country. Access to secure housing should also be at the forefront of policy debate since secure housing has proven to be critical for a better quality of life. Overall, an interdisciplinary approach needs to be taken to tackle the multifaceted factors associated with homelessness to improve the public health of society.