



UC San Diego Global Health Senior Abstracts 2018

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Nayab Alam

Pakistani Mental Health: The "Paagal" Paradigm

Abstract:

Problem: Why are mental health issues so significantly predominant in people of South Asian ethnicity, specifically in people of Pakistani descent?

Background: Pakistan is notorious for its lack of resources and general awareness when it comes to psychological and psychiatric care. As is the case with most health related issues, the frame of analysis that best explains this, stems from the historical, structural, and the behavioral aspects of their general society.

Purpose: This study will examine the underlying factors and disparities that contribute to mental health issues in geographic Pakistani populations as well as Pakistani immigrants and ethnic populations outside of the South Asian sub-continent, specifically in the US, Canada, and the UK. This will be accomplished through a comparative analysis that will identify both similar and distinct underlying causes of mental ill health in people of Pakistani decent. Additionally, this study will help further the insight to some of the mental health disparities for the entire South Asian sub-continent and ethnicity. It will provide options for interventional techniques that will help alleviate this burden, including community-based programs, policy suggestions, education initiatives, and preventative practicum. By identifying these underlying causes across borders in people of South-Asian, specifically Pakistani decent, appropriate praxis can be developed in order to significantly decrease the prevalence of mental illness on a global scale.

Methods: This study involves a substantial amount of literature review and analysis, both theoretical and practical, covering biomedical, social, and psychological fields of study. Additionally, I will obtain data from organizations that focus on mental health, disparities across race, region, and gender (such as NAWHO).

Maricris Arandia

Addressing the Mental Health Needs of Asian American College Students: The Call to Restructure Culturally Competent Counseling and Psychological Services

Abstract:

Problem: Certain health issues may be stigmatized in specific communities, so it is important to be aware of these cultural differences as these contribute to their learned values and beliefs, especially in the case of mental health among Asian Americans.

Mental health is known to be stigmatized in this population, resulting in poor mental health outcomes. Therefore, cultural competence is important when providing mental health care for Asian American college students in order to prevent contributing to the health disparities this population faces. **Methods:** Literature reviews were conducted, limiting my search words to mental health among Asian Americans, culturally competent mental health care for Asian Americans, and stigma of mental health. Databases through EBSCO were used for research. Interviews of college students that identify as Asian American were conducted on their experiences with mental health issues and seeking or not seeking care.

Results: Based on the reviews, there is a relationship of how culture can shape the perceptions of people's beliefs and attitudes towards mental health, contributing to stigmas. Care providers working with Asian American patients should have some sort of cultural competence when

coming with a plan of treatment and care by keeping these beliefs and family structures in mind. Interviews show that Asian American college students do not utilize mental health services due to how they were raised to view mental health and the mistrust they have with the health care system.

Conclusion: These results are important because they show the need for restructuring mental health care in the United States, especially among the Asian American community. This is due to perceived cultural beliefs and attitudes towards the topic making them more vulnerable and hesitant to seeking care, making culturally competent care be of priority for this group.

Jazlyn Y. Barrientos

Intergenerational Trauma Transmission of Salvadoran Migrant Women On To Their First and Second Generation in the United States

Abstract:

Problem: Intergenerational trauma is an under-recognized form of trauma that can stem from imperialism, state violence, and gender inequity. Salvadoran women are vulnerable to these power structures and even more vulnerable to face pressures such as cultural stigma and lack of support, potentially causing them to not seek help. Thus, they may internalize their suffering and are at further risk for transmitting the symptoms of PTSD to their children living in the U.S.. However, the U.S.' mental health care system is at an inadequate position to address the needs of this population, and other trauma inflicted populations, leading to an increase in the mental health care disparity. Methods: A literature review was conducted, using key search words for inter- & trans-generational trauma, Salvadoran women, central american migration, PTSD, and structural violence through various article databases. The literature used focused on Salvadorans and other populations that have similar traumatic experiences, bolstering the need for an intercultural recognition and analysis of trauma, and its wide range of effects.

Results: Common themes appear within the infliction of trauma from imperialism, state violence, and structural violence. This shows how at-risk the Salvadoran-American population is, therefore leading to recognition of this problem and allocation of resources that can be generalizable to other trauma inflicted populations residing in the U.S.

Implications: I seek to increase awareness around intergenerational trauma to decrease its transmission by improving conditions for vulnerable populations through the allocation of mental health resources that have the capacity to address these issues in a culturally competent manner and policy considerations/recommendations within our mental health care system. It is a call to action in understanding the responsibility that the U.S. holds on addressing the mental health issues of its citizens, in which it played an indirect role in displacing and inflicting trauma.

Tess Burney

Stigma Fuels the Cancer of the Streets: A Critical Analysis of How The United States' Healthcare System is Failing to Respond to Treatment for Addiction

Abstract:

Purpose: The United States is suffering from a rising national crisis that is killing 115 helpless

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people every day, as reported by the CDC in 2017. The Opioid Crisis is causing more drug overdoses than ever before, due to prescription pain relievers, heroin, and synthetic opioids. People are suffering from opioid addictions without accurate treatment for their problem. This is due to American's conception of drug addicts, creating roadblocks for treatment programs. A drug addict can be and is viewed as a person who has failed society and is morally corrupt. US society stigmatizes people who have a drug addiction and this can prevent patients from seeking treatment. Findings/Method: The Opioid Epidemic will only continue to worsen if we do not address that addiction is a chronic and relapsing disease that has medical treatment programs available. A person addicted to drugs is not a failure to society but someone with a curable disorder. Stigma is holding back the progress of treatment centers for addiction. I look to shine a light on the cultural perception of addiction and expose the stigma that fuels the criminalization of people that should be sent to treatment programs. My investigations will be based on numerous interdisciplinary literature searches for incidence and prevalence statistics, geographical differences in treatment, healthcare treatment and addiction centers, government involvement, policies, and criminalization programs for drug addiction.

Conclusion: This thesis argues that the stakeholders within the US Healthcare System need to call for social change on the view of a drug addict. To make sustainable improvements, drug addiction stigma needs to be transformed in order for addiction and death tolls to go down in this serious epidemic. I look to educate the public on the stigma that keeps patients from the treatment available and the public policies that exist in this US national crisis that persists. Centers for Disease Control and Prevention 2017 Understanding the Epidemic: Drug Overdose Deaths in the United States Continue to Increase in 2016. Atlanta: Center for Disease Control and Prevention. Dated accessed 13 February 2018. <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

Alexis Burnstan

Climate Change and the United States Geriatric Healthcare System

Abstract:

Knowing there are many issues already affecting mental health among seniors within the United States, it is important to analyze how climate change is going to exacerbate present healthcare disparities in order to effectively improve the current geriatric healthcare delivery system. Climate change is predicted to negatively impact geriatric health. The size of the elderly population is growing due to factors like the aging baby boomer generation, an increase in life expectancy, and the lack of resources available to the elderly population regardless of socioeconomic status. As a result, mental illness among this aging population is projected to increase. Without serious intervention, the current healthcare system's infrastructure will not be able to handle the growing number of seniors needing medical attention for mental disorders. Vulnerable populations like the elderly will be especially at risk to health problems and hospitalizations as climate change worsens, aggravating present healthcare disparities among the elderly population within the United States. A combination of primary and secondary sources are used in this analysis in order to compile supporting evidence. These results are important to examine in order to improve and protect geriatric health while climate

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change worsens across the globe. This analysis is meant to bring attention to the serious health threat of climate change, urging healthcare professionals to push for change in order to improve geriatric health care delivery especially within the United States. This analysis concludes there is a strong amount of evidence proposing climate change will cause extreme weather conditions, leading to an increase in various health problems across the globe.

Lucero Camarena

Disordered Eating Prevention: Developing a Framework for Transfeminine Individuals

Abstract:

Problem: Transfeminine youth experience a higher risk of developing mental health conditions - in particular eating and mood disorders. A major contributing factor in the development of eating pathology are body image ideals, and the impact of these ideals are often intensified for some transfeminine people who do not feel their body is adequately aligned with their gendered self concept. There are currently no eating disorder prevention programs that are tailored for transfeminine youth, and many modeled for cisgender women exclude challenges (gender dysphoria) affecting many transfeminine youth.

Methods: The method used for this study will consist of an extensive review of the literature in psychology (for dissonance based interventions) and sociology/critical gender studies (for critical sensitivity to identities and social constructs). The background for this research will be informed by evidence based research and qualitative studies in the disciplines presented above. **Results:** The major results from this study will be a set of recommendations for adapting an eating disorder prevention program for for transfeminine youth (14-25). The program will be an adaptation of the dissonance based, eating disorder prevention program "Body Project". The new iteration will focus on challenging rigid beauty image representations/standards and binary gender norms affecting transfeminine people. Recommendations will also be globally oriented, recognizing differences in cultural conceptions of body image and gender.

Conclusion: The results and outcomes of developing these recommendations will be a fundamental step in creating services that aim to mitigate transgender eating disorder health disparities.

Significance: This study is of importance because the development of a trans centered eating disorder prevention program can mitigate the risk of participants developing an eating disorder support them in processing/coping with gender dysphoria they may experience. This differs from other investigations because it focuses on informing a prevention intervention while previous studies only considered data interpretation and participant focus groups/interviews.

Stella Hoi Yu Chin

PHC and Me: A Relationship between Chinese Immigrant Status and Health Behaviors

Abstract:

Background: Being a Chinese immigrant to the US comes with its own cultural behaviors, which impact health in general and health behaviors. Chinese immigrants are a large Asian group in the US, which allows for a better understanding of what social and cultural factors impact their health and health behaviors. By understanding the largest Asian immigrant population to the US, we can potentially understand how these problems also affect smaller Asian immigrant

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groups and use this knowledge to also help them.

Aims: Chinese immigrants to the US, despite being such a huge immigrant group, still face problems related to (preventive/primary) health care. Obstacles related to immigration status are related to health behaviors that affect overall health, and this relationship has a negative impact on long-term health. This paper tries to understand some of the bigger barriers that affect health behaviors, and to put them together to get a deeper understanding of how these multitude of problems build upon each other in a way that needs to be unraveled to help current and future Chinese immigrants and potentially other immigrants.

Methods: This paper uses many studies and literary reviews to piece together common patterns like cultural beliefs, language, mental health understanding, food intake decisions, etc., to understand bigger themes that affect health behaviors and ultimately their health in general.

Results: Different factors all build upon each other to create a barrier against health care access and understanding. These factors do not exist in isolation- they work with each other intimately and need to be understood in context so better solutions can be provided to help current and future (Chinese) immigrants.

Ryann-Kai Corpuz

“Militarism, Guns, and Biological Agents of War:” An Analysis of Warfare’s Effect on Rural Health

Abstract:

War is recognized as a crucial agent of social and political change worldwide. However, war’s effect on the health of affected populations is rarely the focus point in news and literature. Biological instruments of war have allowed countries to achieve political success at the expense of the health of native populations, especially in rural areas of the world. Imperialism and colonialism have justified marginalization and unnecessary intervention in certain populations which has devalued the lives of native populations that are affected by war.

My goal is to analyze and critique the effects of biological agents of war on health and quality of life of populations in Vietnam (Agent Orange), Rwanda (biological agents of genocide), and Guatemala (Scorched Earth policy) and the current methods of healing or restoring these populations post-war. In many of these areas, governments and NGO’s typically use top-down approaches to combat health defects and environmental detriments caused by international or civil warfare. In many cases, it is difficult to implement top-down methods of improving health in rural communities because of distance from resources, cultural limitations, and the government’s or organization’s lack of knowledge about the community’s primary needs.

My research was primarily conducted through a literature review of particular examples of war’s effect on health in Vietnam, Rwanda, and Guatemala. The search engines and research databases used were Google Scholar and Family and Society Studies. This comparative review of health interventions for war-related health issues will hopefully provide new solutions to approaching interventions in rural communities based on specific community needs using a bottom-up approach to improving health outcomes.

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Chandra Couzens

Improving efficacy of drug-based interventions for tuberculosis: strategies for disease management for homeless individuals in California

Abstract:

Tuberculosis is typically considered a disease that affects primarily low- and middle-income countries, however, in high-income countries, it disproportionately affects certain vulnerable groups. In the United States, this is typically concentrated among hard-to-reach populations such as homeless individuals, who often may also be drug users, formerly incarcerated people, or migrants in large urban settings. Tuberculosis is particularly difficult to address, because of its complicated treatment regimen (four different drugs) and its long duration (6-9 months). With highly mobile populations, loss to follow up increases, as does risk of developing even deadlier multidrug resistant tuberculosis. In California, homeless people face barriers accessing treatment and services for disease, making drug-based interventions less effective. Improving adherence to treatment and reducing duration of treatment are critical to the development of effective drug-based interventions. Here, a variety of social and medical interventions were evaluated in terms of their efficacy in improving adherence to treatment in homeless populations. Some of these include directly observed therapy, housing programs, and providing food incentives. However, these interventions alone are not enough. I propose a novel, integrated care system in order to adequately address the needs of the California homeless population. By providing an integrated care model and undergoing directly observed therapy, treatment of tuberculosis for urban homeless populations can be improved. A combination of novel therapeutic treatment and innovative social programs could ideally improve health outcomes in this community.

Kristiana Cuevas

A Site Analysis Approach: How Barrio Logan's Built Environment Affects the Health of its Community

Abstract:

A built environment either helps enhance the health of a community or puts the community at risk for certain diseases. Urban infrastructure and land usage have a heavy influence on resource and healthcare accessibility. Barrio Logan is located adjacent to the I-5 freeway and is a prime location for traffic congestion which makes it an autocentric location. Barrio Logan's autocentric location, exposure to industrialization, and area's lack of access to inclusive transportation all adversely affect the health of the Barrio Logan community. The city is comprised of a marginalized community that is surrounded by urban infrastructure that shapes and affects the everyday lives and overall health outcomes of its community members. The community itself has historically been neglected by those who have affluent societal power. Barrio Logan has been negatively affected by zoning and land usage ordinances, big-name enterprises and manufacturing, as well as lack of governmental support. Additionally, systemic oppression and environmental racism play impactful roles in how Barrio Logan's built environment became structured to be. A site and community plan analysis on Barrio Logan was conducted to determine how aspects

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of its built environment developed. Those findings were then related to how the urban infrastructure affects the health of the people who live there.

The analyses and research found that the original community site and land usage plan in the Barrio Logan community has been disregarded and misused, and certain land area usages have been hazardous to the health of the community. There are a lack of street safety measures, pedestrian and bicycle opportunities, and public transportation resources within Barrio Logan. These findings show that there is a specific marginalized population that is adversely affected the most by Barrio Logan's built environment and demonstrates the need for effective policy measures to be implemented in order to ensure that Barrio Logan's built environment caters to the health of its overall community members.

Rebecca Czerny

Understanding our Actions: Addressing Climate Change and Food Insecurity in India

Abstract:

Climate change is a growing problem throughout the world that impacts every country, but some at a disproportionate rate (WFP 2017). India is vulnerable to the impact of climate change and currently faces increasing temperatures and higher rates of extreme weather events

(Bandara et al 2014). These climate change events impact agriculture and crop yields, leading to higher rates of food insecurity. This paper aims to understand the variety of ways, and to what extent, climate change impacts food security in India today. The majority of studies on this topic mostly focus only on one area and fail to analyze the multiple impacts in a unified discussion. By bringing together the research that exists, a cohesive understanding of the current state of food insecurity will allow these impacts to be viewed in correlation with each other. Results show that climate change has impacted food security in India in a number of ways, including decreasing crop yields, creating additional barriers to access, exacerbating poverty, and increases in food prices, all together impacting food insecurity rates across the country. It is important to understand the ways in which India continues to face a disproportionate burden of the impact of global warming because temperatures are not decreasing and health outcomes will worsen if food security is not adequately addressed in places where it is needed most. Based on my research, policy change recommendations will be provided.

References

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Christina Garibaldi

An Analysis of Mental Health Risk Factors and Behaviors Among Immigrant Women from Southern India and the Philippines

Abstract:

The burden of disease for mental health is disproportionately placed upon women—especially

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in developing economies. India and the Philippines have both enforced health policies in recent years to counter the rising prevalence of mental illness in within their borders they have also experienced large emigration waves to the United States and other western powers. Immigrants from Indo-Asian communities exhibit unique patterns in women's mental health factors and health outcomes; in addition, these communities have low rates of engagement with mental wellbeing resources and help seeking behaviors. This paper examined patterns in mental health, including the associated risk factors and behaviors, for women in Southern India and the Philippines. In consideration of these trends, this thesis considered two central questions. First, it analyzed how cultural models of mental health in south-Indian and Filipino women are responsive to immigration. Are these patterns upheld, upended or complicated when they engage with western biomedical models? Secondly, it considered the consequences mental illness in women can impose upon the mental wellbeing of youth. To what degree is the mental health crisis in youth a response to the mental health of women? For this thesis, a literature review of available research, case studies, and data sources was conducted. Mental illness is historically stigmatized in both Indian and Filipino cultures, especially in women. This acts as a significant barrier to care. Predominant disorders include depression, self-harm, and anxiety--diagnoses linked to common experiences of gendered violence and economic precarity. Initial research suggests that when these women immigrate into western societies, these patterns appear to be largely sustained; in addition, they must engage with additional pressures of discrimination and structural violence targeted towards minority and immigrant populations. Continued suffering fuels the cycle of mental illness in youth, whereupon children exposed to familial mental health problems are more likely to struggle with mental wellbeing themselves. The findings of this paper could offer significant insight into how to effectively develop mental health programs to engage women of Indo-Asian descent to interrupt the cycle of mental illness.

Rubeen Guardado

Sexual Exploitation and HIV risk among Female Sex Workers in Tijuana Mexico

Abstract:

Globally, female sex workers (FSWs) are disproportionately affected by HIV/AIDS. This is in part due to the biological risks posed by sex work, but also because of the social structures that increase the risk of infection. In recent years the rise of sex tourism and sex trafficking has increased the risk of sexual exploitation among FSWs. Past research has suggested a strong correlation of sexual exploitation, with sexually transmitted infections (STIs) and HIV infection. Despite this increased risk, there have been few evidence-based interventions enforced to address sexual exploitation and HIV risk among FSWs. There have been informed interventions to reduce risky behavior and promote HIV prevention strategies among FSWs, but with more has to be accomplished in creating interventions to reduce sexual exploitation. I am focusing on Tijuana, Mexico because of its unique geographical location. The San Diego - Tijuana border crossing is the busiest in the world and is a target location for sex tourism, sex trafficking, and drug trafficking; factors that contribute to sexual exploitation and increased risk for HIV and STIs among FSWs in the Tijuana region. I will analyze structural determinants that may be associated with these risk within FSW populations in Tijuana and compare them to other

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regions in the world. I expect that the structural determinants that negatively affect female sex workers' health outcomes, are forms of structural violence resulting from rigid social hierarchical structures. From these results, we can determine and inform interventions that reduce sexual exploitation and increased HIV risk, rather than solely addressing safe sex behaviors.

Yesenia González-Zavala

“Urban Poverty Across the World”: A Comparison of Housing Inequalities and their effects on health of vulnerable populations of Cape Town, South Africa and Tijuana, Mexico

Abstract:

Motivation: It has been proven that poverty is a social determinant of health, and housing itself its derived by an individual's income and wealth. To what extent does being poor put you at a comparative disadvantage in relation to health?

Problem: My aim is to show that the lack of effective housing policy has important effects on the health of vulnerable populations such as the homeless in Tijuana and the shack dwellers in Cape Town. My goal is to better understand what diseases and illnesses are more prone to be acquired while living in these types of informal or nonexistent housing, and to see if there are any relationships between these populations.

Methods: A review of literary works was conducted focusing on the homeless population in Tijuana and shack dwellers in Cape Town, South Africa. More specifically, I looked at housing policies in each city and the health effects resulting from the type of housing.

Results: Based on my research, it was clear that there is a high prevalence of infectious diseases such as HIV and tuberculosis in both populations. In Cape Town, there were higher environmental effects such as indoor air pollution and inadequate hygiene, on the other hand, I was able to see that mental health is a pressing issue in the homeless population of Tijuana. Conclusion: It is evident that there is an association between the type of housing that an individual is inhabiting and the type of diseases and illnesses that they are exposed to. As a result, creating sustainable and effective housing policies might lead to improvements in the health of the most vulnerable populations of Cape Town and Tijuana.

Michelle Gregorio

Cultural Competency and Facilitating the Death Conversation in End-of-Life Care

Abstract:

There is a lack of geriatric physicians in the clinical setting of the U.S. that affects end-of-life care (ELC) towards the elderly population. The ELC conversation includes an aspect of cultural competency that the physician should have to not only cater to the patient's unique life and needs, but to also appropriately facilitate the death conversation. This provides a means of recognizing patient autonomy, and allows the patient to think of other priorities besides only surviving. These areas for improvement in ELC stems from medicalization (the process of treating a human condition into medical terms) and biomedicalization (the interest in promoting health and prolonging life to enhance our human selves). The elderly population in the U.S. increased by 15.1% from 2000 and 2010, which was a faster rate than the total population (9.7%). Moreover, the elderly population is projected to reach 20% of the total

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population by 2030. The aging community is a steadily growing population that the medical body needs to acknowledge for enhanced preparedness in executing the ideal approach towards these patients. This research utilizes both scholarly and non-scholarly sources through the UC San Diego database. The approach of this study analyzes (1) how we arrived to a time of a small geriatric physician force and the postponed or rather lack of the death conversation; and (2) what evidence showed either a lack or presence of cultural competency training. Social science research has shown that medicalization, a phenomenon termed in the mid-twentieth century, took part in the medical culture that dismisses the natural aging process. This process takes part in only seeing patients narrowed down to their localized disabilities rather than their lives and natural aging process. Most physicians are not trained to work in situations where problems, like decreased cognitive ability, are ultimately unsolvable. Focusing on the medical physician perspective provides a direct mode to design a fitting and comprehensive physician elderly training program. This research should inspire a general geriatric training program that would not only include geriatric physicians, but other health providers that often tend to work with elderly patients.

Heather Helvink

The Untold Story of Women's Health in the Northeast Region of India: A Study of Health Inequalities and their Origins.

Abstract:

As the second most populated country, India has a plethora of concerns in the realm of healthcare that are further complicated by factors such as overpopulation, lack of infrastructure, as well as cultural, religious, ethnic, and racial divides throughout the country. The Northeast region of India is comprised of 8 states, all of which have gained statehood only within the last 70 years. This region is characterized by the presence of several international borders: Tibet, Bangladesh, Myanmar, and Bhutan. It is connected to the rest of India by the Siliguri Corridor, a small area located in West Bengal. Its place as a border region, combined with its isolation from the rest of India and the subsequent discrimination towards the people of the Northeast are important factors to examine in the health attitudes and outcomes of its communities. There is an estimated 52 major communities in this region which contributes to the complexities of the political climates of these states. These communities are overlooked on a global scale as well as the national scale, creating a difficult scenario for improvement in the healthcare of the region. I explore the health disparities and inequalities experienced by women in the Northeast region of India and how discrimination contributes to their continued struggle to afford consideration and attention from the Indian government and the numerous NGOs that are working in the country to improve health and wellbeing. Whether it is violence, malnutrition, or maternal death, Northeast Indian women are a high risk, vulnerable population. I evaluate available data and literature addressing women's health through the global lens, the national lens, and finally the regional lens. In this paper, specific risk factors for women in the region that may influence their health are identified. There is only limited data and research done in the region on women's health specifically, which is identified as an issue in itself. Interventions and programs used in other parts of India and around the world are used to identify possible strategies to improve health access and outcomes for women in

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the Northeast region of India.

Erica Ho

Lowering the colorectal cancer mortality rate among Chinese American immigrants in the US through improving screening access and education

Abstract:

Problem: Colorectal cancer (CRC) mortality rates are not decreasing within the Chinese American immigrant population in the United States. Despite technological improvements for screening methods that have resulted in lowering prevalence rates in other ethnic immigrant groups in the US, Chinese Americans are exempt from this trend (Fedewa et al 2016). This study will attempt to find the reasoning behind this trend within this demographic and will find methods to solve this healthcare issue.

Methods: Various interdisciplinary literature will be compiled using scientific databases for analysis. Key words and phrases pertaining to the subject will be searched in order to identify problems Chinese American immigrants may face while accessing healthcare in the US and the solutions used to fix these problems. These solutions found from database searches will be analyzed for their applicability to Chinese Americans with CRC or risk of developing CRC. **Results:** Little has been done to diminish the impact of this healthcare issue affecting such a large US ethnic population. Culture and language are the main barriers that keep CRC as a major cause of death among Chinese American immigrants in the US. Solutions to this problem must be culturally and linguistically specific to this demographic.

Solutions: Culturally and linguistically appropriate health education materials must be present to reduce CRC mortality rates. This may be in the form of bilingual primary care physicians, bilingual health literature, and incorporation of culture-specific healthcare methods such as lay health workers or alternative medicine. These all have been successful in solving social barriers to other healthcare issues and may be equally effective in addressing this particular issue. **References:** Fedewa, S. A., A. G. Sauer, R. L. Siegel, R. A. Smith, L. A. Torre, and A. Jemal.

"Temporal Trends in Colorectal Cancer Screening among Asian Americans." *Cancer Epidemiology Biomarkers & Prevention* 25.6 (2016): 995-1000. Web. 27 Jan 2018.

Negin Javaherchian

Lost Generation: A Calling for International Stakeholders to Invest More Resources in the Mental Health of Civil War Youth

Abstract:

Problem/Method: Many studies have been conducted on tracking mental health trends for civil war youth and what resources may be effective in treating them. However, international stakeholders seem to be apathetic in pursuing proper interventions, especially ones specifically targeted for the youth. By conducting literary analysis, I provide information on why there is this gap, and what modes of treatment should be deemed necessary for these people. I focus on youth aged 10-20 years old in various civil war torn countries. My parameters include child mental health, psychiatric treatment, and war traumas.

Findings: My preliminary research has shown that the mental health trends of youth who have

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experienced war traumas include high rates of anxiety, depression, PTSD, and behavioral problems. If untreated, these issues can impair their growth during a critical time of their lives. Further research shows that psychiatric care is not seen as a priority in many low and middle income countries (LMIC), so delivery of aid has been found to be difficult with their lack of resources and infrastructure. The help of the global community is crucial in achieving this. Since mental health is not seen as a “quick fix,” many international stakeholders are hesitant in investing in long term, horizontal approaches that would be most beneficial for these societies. The youth, which make up the majority of population in most LMIC, are at great risk of developing mental disorders, especially after experiencing war traumas. They would greatly benefit from cognitive behavior therapies and psychosocial interventions that could be implemented into their societies.

Conclusion: By analyzing mental health trends of youth in civil war countries, it is evident that there is a growing need for international stakeholders and NGO’s to invest more capital in offering this vulnerable population with adequate psychiatric interventions and long term resources to prevent further mental health distress. The specific capital means will be pinpointed and explained in my thesis.

Summer Ali Kanj

Analyzing Barriers to Wellness for the Syrian Refugee Population within San Diego County Abstract:

Background: Wellness can be impacted by, but not limited to a variety of emotional, financial, and social needs. Within the study of Global Health, we identify these barriers as the social determinants of health. Barriers to wellness for displaced peoples can vary greatly from the individual to family level. Though overall, these barriers may contrast significantly dependent on the circumstantial context and period in time within that specific region in which a population is displaced into.

Aims: After becoming directly immersed within the Syrian refugee community in El Cajon, California while completing my field work over the past year and a half, I was left asking myself: What have been the biggest barriers to wellness for the newly integrating Syrian refugee population whom have arrived to San Diego County, within California? Without identifying such barriers to health and taking into account the various factors impacting the overall wellness of a displaced population, we cannot be of competent assistance within their push for progression within a new region.

Methods: The Syrian refugees in San Diego County are facing barriers, which in turn play a role in affecting the wellness of the population and its general progression overall. By examining the case studies of three different Arab refugee populations, we will be able to compare the general trends of assimilation for such refugees during their attempt to integrate across the world, during different periods of time throughout history.

Conclusion: Upon analyzing and better understanding the barriers impacting wellness for displaced peoples, we can more easily impart successful bicultural competence amidst highly contextualized integration processes throughout the world.

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Michelle Josefina Keung

Obesity is No Weigh to Live: The Global Epidemic that is Taking Over the Lives of People in Latin America

Abstract:

With over 140 million people in Latin America suffering from obesity, there is an urgent need for action to stop this pervasive epidemic (FAO, 2017). Many families in Latin American countries such as Mexico, Chile, and Ecuador experience the effects of obesity—which range from health consequences such as cardiovascular diseases, diabetes, and psychological distress from being stigmatized. The obesity rate is especially high in low-income communities creating barriers that trap Latin Americans in this malicious cycle of poverty. Some interventions have been implemented to address this disease, yet the obesity epidemic shows no signs of slowing down. This paper seeks to increase public concern on this issue to influence Latin American authorities to invest in programs that create positive, tangible change. My findings are based on country-specific case studies and interdisciplinary literature regarding how obesity is devastating the people of Mexico, Chile, and Ecuador. To take a stand against obesity, public awareness of this spiraling issue must be increased, and the failures of existing programs must be evaluated. To adequately address the obesity epidemic, these countries must recognize the root of the problem, understand different contributing factors, and formulate an effective intervention based on research.

Food and Agriculture Organization of the United Nations. 2017. “Overweight affects almost half the population of all countries in Latin America and the Caribbean except for Haiti.” Food and Agriculture Organization of the United Nations. 19 January 2017. <http://www.fao.org/news/story/en/item/463472/icode/>.

Brittany Kim

Examining Oral Health Disparities in Minority Children in America

Abstract:

Background: According to the World Health Organization, “Oral health...is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.”¹ For decades, poor oral health was the “silent epidemic” that was underestimated in the U.S.. Dental caries (otherwise known as cavities), in particular, was the most common chronic disease in children. Problem: The pattern of deficient oral health in children continues to exist. Unfortunately, in America, there are substantial oral health status disparities in children that identify as ethnic minorities. The reasons behind this gap are not being properly addressed and/or acted upon, and the burden of poor oral health in minority children continues to prevail.

Methods: A combination of national data compilations and scholarly literature was examined. The cultural and social influences on the oral health status of American minority children was the primary focus of the source material.

Results: Research points to a correlation between cultural and socioeconomic status with oral health status among children. Specifically, education of oral health and access to dental care were two major factors.

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Conclusion: To improve the oral health of minority status children in a culturally sensitive, inclusive, and respectful way, more thorough oral health education will need to be implemented and dental therapists/nurses will need to be employed.

Studies show that the quality of life for minority children can be affected by poor oral health, and this issue must be treated with urgency for the sake of our children's futures.

1. "WHO." World Health Organization. Accessed February 13, 2018. http://www.who.int/oral_health/en/.

Manali Kulkarni

Veggie Chips and Coca-colonization: Driving Forces of the Global Obesity Epidemic
Abstract:

Big Food companies have had a large impact on the globalization of the obesity epidemic in the previous decade. These food and beverage sellers are multi-national powerful corporations with concentrated market power. Through manipulative marketing strategies, Big Food companies control the built environment of vulnerable populations in America and in Asia, creating and shifting sociocultural eating norms, while increasing the prevalence of obesity (Stuckler & Nestle, 2012).

As the obesity epidemic grows, life expectancies decrease and health outcomes are worsened; but, for many people, obesity can be avoided. Food marketing surrounds everyone at all times, yet it disproportionately negatively affects vulnerable populations in America. In Asia, Big Food companies are changing food consumption norms to mimic Western eating habits (Hawkes, 2006). The food industry is not kept accountable for its impact on global health, and this lack of social corporate responsibility needs to change to mitigate the effects of the obesity epidemic. Through a unique analysis of food marketing and its place in global health, this paper aims to explain the recent anthropological and epidemiological changes that have led to a high global prevalence of obesity. The methods used are case study analyses of different Big Food companies and their impacts on eating habits and sociocultural norms centered on food, specifically in China and India. This paper will demonstrate the correlation between manipulation of the built food environment and the rise of obesity. Further, regulatory mechanisms for corporations and comprehensive interventions to mitigate the negative affects of Big Food marketing will be discussed as possible solutions.

References

- Hawkes, C. (2006). Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Globalization and Health*, 2, 4. <http://doi.org/10.1186/1744-8603-2-4>
- Stuckler, D., & Nestle, M. (2012). Big Food, Food Systems, and Global Health. *PLoS Medicine*, 9(6), e1001242. <http://doi.org/10.1371/journal.pmed.1001242>

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Lucien LaFerr

"Making the Familiar Strange:" Unexpected Consequences and Unforeseen Circumstances among Unsolicited Health Interventions in Rural South India

Abstract:

What is the value of unsolicited health interventions in rural communities? What are the limitations of metrics based on the western/biomedical model on measuring health outcomes in traditional rural communities? It is important to question the dominant narrative of health interventions, to push back against the idea that where there are particular community health issues there is a need for particular biomedical interventions, and that the benefits of such interventions outweigh the costs. There is limited literature available that provides thorough critiques of the methodology of health interventions, let alone in rural indigenous communities. Therefore, my research draws on a variety of sources in various fields, relying heavily upon theorists Edward Said and Michel Foucault, and my own fieldwork among the Adivasi — the first inhabitants — in a rural village in South India. In rural South India, the impetus behind many health interventions is an orientalist and biopowerful perception of adivasi communities as backward and incapable of self care. These narratives of orientalism and biopower are characterized by 1) a tendency to refer to the adivasi as childlike, and thus in need of parental supervision, and 2) a sense of obligation to impose aspects of the biomedical model on these communities, which will solve all of their health-related issues. These findings point to a flaw in imposing biomedical health interventions on rural communities: unsolicited interventions assume that the target populations require a particular type of care that doesn't necessarily solve their problems. While health interventions are undoubtedly important and much needed among impoverished rural communities around the world, we should not assume that dominant models of quantifying health and providing healthcare are one-size-fits all solutions to global health challenges.

Jacob Lewis

Global Health with an Economic Incentive: A Criticism of Health Technology in Post-Colonial Africa

Abstract:

This research serves as a critical analysis of technology's growing influence within global health discourse. A large movement towards technology has captured global health research and funding, engendering optimism for health outcomes altogether; However, this faith in technology, supported by global North popular culture and markets, must be reevaluated. This analysis stems from an interdisciplinary literature review, looking at technology, health outcomes, cultural perceptions of Africa, and Africa's history of colonialism.

Technology's focus upon top-down intervention serves to overshadow the importance of overall health systems strengthening. This is most notably seen in technology's application across underdeveloped countries and regions, introducing novel technologies such as drones and mobile health systems to different regions of Africa that require more structural interventions. The motivations behind these benevolent technologies appear humanitarian, yet are undergirded by market mechanics and economic incentive. This form of market-motivated interventions reveal a discursive tension between these novel technologies and the underlying morality of global health. Africa's post-colonial nature has constructed it as the primary location with which to sell

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and proliferate these new technologies. The very structural issues which the global North created have engendered yet another way in which to profit off of struggling African people as well as the global South altogether. This approach must be recognized as fundamentally flawed, disputing moral systems which provide the framework for the field of global health. The way in which Africa is presented as in “need” of new technologies derives from global North cultural perceptions of a suffering country. These cultural perceptions in turn benefit the producer of technology, garnering investors with their life-saving technologies that are often times ‘band-aids’ rather than ‘magic bullets’.

Nicholas Locke

Stranded: Medical Deserts and Swamps Exacerbate Barriers to Health Among Mobile Populations in the San Diego Border Region

Abstract:

Motivation: Border regions on the US-Mexico border have historically poor health outcomes including low rates of insurance, high rates of chronic disease, and social barriers to healthcare. Healthcare infrastructure failings on both sides of the San Diego border exacerbate social and economic barriers to health. The San Ysidro community is devoid of hospitals, while Zona Norte in Tijuana has a high density of healthcare facilities and pharmacies that often overlook the needs of mobile populations.

Aim: These medical environments contribute to financial and non-financial barriers to care and further marginalize populations along border regions. This project seeks to analyze how healthcare infrastructure within a 2.5-mile radius of the San Ysidro Land Point of Entry (SYLPOE) contributes to poor health outcomes among mobile populations.

Methods: The project was undertaken in two parts. First, a literature review was conducted on barriers to health faced by communities in US-Mexico border regions. This review included insurance systems, social discrimination, transportation justice, and current interventions. Next, the healthcare infrastructure on both sides of the SYLPOE was canvassed and mapped. These two data sources were then merged to get a holistic view of the healthcare environment in the San Ysidro border region.

Results: Research suggests that certain mobile populations are excluded from participation in healthcare systems due to poverty, marginalization, and cultural barriers to care. Mapping both San Ysidro and Zona Norte’s medical environment reveals unique local barriers to care and a lack of coordination between the two systems.

Conclusions: These findings demonstrate a need for cross-border collaboration and investment in border region healthcare facilities that meet the unique needs of border region residents. Although a handful of community-based interventions have selectively improved health outcomes of mobile populations, policy changes and infrastructure investment are essential to enact long-term change.

Vanessa Lopez

Let the children play: Increasing time-spent playing through improved access to high-quality outdoor play spaces and the benefits for child health

Abstract:

Play provides important contributions to children’s health and wellbeing. Although these

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contributions are well known, public health research has not yet acknowledged the use of play as a potential tool for improving child health in urban communities throughout the United States. I aim to increase awareness of the benefits of play and advocate for more resources being spent on increasing access to play for children. One method for increasing children's time spent playing is by increasing access to high-quality outdoor play spaces. Children are spending more time indoors due to a changing culture of technology use and less time being spent outdoor play. Depriving children of spaces to play means depriving them of opportunities for social development and improved health outcomes. I will examine how access to different types of play spaces differentially contribute to increased time spent playing and better health outcomes. I will explore barriers to play in urban areas including lack of safe, clean, and accessible infrastructure and potential reasons for lack of utilization of existing play spaces. Social, cultural, and political barriers exist which prevent access to play spaces. I will discuss the existing research on the positive health benefits of play for children and in what ways the quality and type of play space moderates these benefits. I argue that play can be utilized as a primary prevention strategy for improving child and adolescent health. It is crucial that more resources are allocated to building, maintaining, and remodeling play spaces and that more research is dedicated to better understanding the health benefits of play.

Alice Lu

Children Belong In Families – Reimagining the U.S. Foster Care System

Abstract:

Background: The U.S. foster care system has not been evolving to meet the complex and growing needs for addressing the health and subjective wellbeing of the at-risk children placed in it. Foster care children are at a disproportionately high risk for trauma, especially from Adverse Childhood Experiences (ACEs). ACEs are shown to cause downstream health issues that can then be passed down through generations. The current therapeutic landscape in the U.S. for screening and treating these children lacks quality assurance and shows little coordination along the continuum of care. What role can cross-sector collaboration play in improving the healthy development of this at-risk youth population?

Aims: This study identifies gaps in current research and resources regarding the mental, behavioral, and emotional health needs of foster care children. It also pinpoints frameworks and model healthcare systems that employ interdisciplinary approaches. The purpose is to form an action-oriented conclusion about the optimal direction for improving health outcomes for this underserved population.

Methods: The literature review includes theoretical and data sources from research databases that identify risk factors, protective factors, and available services for these affected children. The study also evaluates sources that highlight policy, services, and personal accounts in order to assess the accessibility, utilization, and quality of care.

Results: Different sectors such as group homes, medical clinics, mental health services, and health policy are not often coordinated with each other and may even offer contradictory services. Adopting an infrastructure to support interdisciplinary centralization of research and resources offers a promising approach for improving foster children health outcomes through empowerment of the children and their family.

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Implications: The results reveal how systemic issues and stigma act as a barrier to improving subjective wellbeing and the subsequent health outcomes of children in the foster care system. The study promotes personalized healthcare by supporting child agency, treating the family as a whole, and sourcing the community for culturally-appropriate care. These conclusions can also be considered for similar at-risk populations such as refugee youth.

Amanda Monique Magana

The Influence of Depersonalization and Social Exclusion on the Health of Homeless Persons in the United States

Abstract:

Background: Homelessness in the United States has existed since the 1700s and early 1800s, but it is only in the 1960s that the issue began to widely concern academia and policymakers. There are several types of homelessness (i.e. transitional, episodic, and chronic) that make it difficult to form an accurate estimate and allocate resources. As of December 2017, 553,742 were experiencing homelessness according to The U.S. Department of Housing and Urban Development's 2017 Annual Homeless Assessment Report to Congress.

Aims: Attitudes toward homeless persons create the opportunity for ill treatment that is carried on through generations. This paper seeks to address their health outcomes as a result of such stigma rather than as a result of their situation.

Methods: A literature review was conducted, including several case studies. The emotional, mental, and physical health effects are explored in their relation to stigma of homelessness. Specific attention is paid to the social segregation and condemnation the disadvantaged endure and how they are internalized.

Conclusion: Once a person is labeled "homeless," they often are reduced to a one-dimensional image that is blamed for their situation. The stream of assumptions and judgments prove to have adverse health effects on people experiencing homelessness. Current interventions must work harder to foster a safe environment of social inclusion and humanization for people who are homeless. Stigma-reduction programs are one of the ways marginalization can be addressed at the structural level.

Slade Mahoney

"Whose Development Is It Anyways?" An Analysis of Extra-Local Influence on Non-Communicable Diseases in the Solomon Islands

Abstract:

Like many Pacific Island countries (PICs), the Solomon Islands experiences significantly higher rates of non-communicable diseases than other countries, particularly diabetes and

obesity. Having relied on subsistence farming as their main source of nutrition until the 1970s (Thaman, 2008), the Solomon Islands have been recently introduced to extra-local influence resulting in increased reliance on imported foods (Oropesa, 1987). This reliance not only affects locals today, but could also have devastating impacts for the future of Solomon Islands' food security. The aim of this thesis is to better understand why the Solomon Islands have such

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extreme prevalence of non-communicable diseases like diabetes and obesity, compared to other countries. It will illustrate how globalization has created a dependence on unhealthy, imported foods while simultaneously lessening the importance of traditional subsistence farming practices. I argue these two parallel phenomena have created a specific type of food insecurity in the Solomon Islands, with health effects, that requires further attention.

For my research, I conducted a literature review, limiting my search words to Solomon Islands, diabetes, Pacific Islands, food security, development, and nutrition.

Additionally, this thesis draws on observational data taken while living in the Solomon Islands communities of Dundee, Nusa Tuva, and Honiara. After analyzing the existing literature on nutritional trends and the prevalence of non-communicable diseases in the Solomon Islands, it is clear that there is a strong relationship between an increase in globalization, a decrease in traditional farming practices and a rise in diabetes and obesity. This analysis can serve as a concise review of these relationships and the numerous explanations for the Solomon Islands' high rates of diabetes and obesity. Based on the literature, future strategies for decreasing the high rates of non-communicable diseases should focus on the sociological, economic, and health impacts of foreign influence that cause Solomon Islanders' to make choices which make them more prone to non-communicable diseases like diabetes and obesity.

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doi:10.1080/14888386.2008.9712895

Oropesa, R. S. (1987). Local and extra-local orientations in the metropolis. *S F*, 2(no. 1), 90-107. doi:10.1007/bf01107895

Darla Mia Martinez

Socio-Economic and Health Disparities of Coal Miner Families in Rural Appalachia
Abstract:

Problem: The rural Appalachian community is often a forgotten group in the eyes of Global Health due to the fact that it's in the U.S; however if global health continues to ignore the people of Appalachia then they will remain an at risk community with poor access to health care. Coal Miners and their Families are left susceptible to diseases that specifically target their occupation. Their rural location and fatalist beliefs make it difficult for them to obtain quality health care. This paper aims to research what are the specific diseases coal miner families are susceptible to, what has the Coal Industry done to improve working conditions for their employees, and what has the American Government contributed to the health of the rural Appalachian community.

Methods: A literature review was conducted on many public health articles from JSTOR, PubMed, Google Scholar, and UCSD journal databases. I will be collecting financial data from public records to indicate government spending on healthcare in rural Appalachia.

Results: Due to their confined work spaces, coal miners are susceptible to respiratory, cardiac, and kidney diseases such as pneumoconiosis and silicosis (Laney & Weissman 2014). Government aid and support from NGO's may be far less as compared to other developing countries.

Interpretation: This results matters because this occupation is the main source of employment

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to rural communities in appalachia and it is not properly regulated to protect the health of its employees or families. Also, the cultural norms of fatalism and seclusiveness prevent them seeking out health care. Lastly, poor attention coming from the government and other NGOs also contribute to the declining health of the rural appalachian community.

I argue that efforts need to be made to push the coal industry to improve working conditions and demand that government establish more accessible health care / health programs for the appalachian community. We would then be able to see an improvement in the health of coal miners and their families in rural appalachia.

Laney, A. S., & Weissman, D. N. (2014). Respiratory Diseases Caused by Coal Mine Dust. *Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine*, 56(0 10), S18–S22. <http://doi.org/10.1097/JOM.0000000000000260>

Jensen Marley McLeod

Identifying Factors that Influence Family Planning Practices in Rural India

Abstract:

Motivation: It has been over fifty years since India first implemented state sponsored family planning programs in order to address their large population growth rate. While this growth rate has nearly halved since then, India is still a population on the rise. While family planning programs seek to provide a variety of services to all communities, rural areas within India have a higher birth rate relative to urban cities.

Purpose: My aim is to show that regardless of state involvement in these programs, a variety of social factors limit overall utilization of these services, particularly in rural communities. My goal is to discuss how these factors impact interactions with family planning services in order to develop a framework for future programs.

Methods: This literature review focuses on terms such as family planning and rural communities, attitudes of birth control and sterilization, barriers to family planning services, and factors influencing family planning services, such as education or domestic violence through JSTOR, Google Scholar, PubMed, and EBSCOHost in order to conduct a literature review.

Results: Across the literature reviewed, some of the common themes that have an impact on the utilization of family planning services include family structure and women's agency within the household, specifically instances of domestic violence and the role of education. **Conclusion:** This review of family planning services in rural communities is important to the field of global health by taking a biosocial approach in understanding why various programs go underutilized in different scenarios. As programs seek to address these large issues, such as overpopulation and maternal health, it is essential to develop a knowledge of the factors that influence their efficiency and overall result. From the literature, intervention programs and recommendations will be provided and reviewed for their successes and failures in attempts to provide steps for the future.

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Amarachi Metu

Pushing for Environmental Justice in Global Health

Abstract:

Global health has historically focused on health care services that deliver tangible, immediate results. Stakeholders in global health aid include investors, community members, and project leaders, yet investors and project leaders tend to yield more power than community members. Global health projects can assist with societal development, but prioritizing cost effectiveness over reparations can be harmful. Disregarding a need for environmental justice to focus on general globalized health issues and services perpetuates health issues.

Two cases studies are analyzed: chronic disease in South and Central American farmers due to pesticide exposure and chronic disease in Sub-Saharan African children due to contaminated water. Press releases, opinion editorials, and research papers provide insight to projects done by global health organizations and governmental aid groups. Demographics of project leaders and researchers provide context to potential research bias.

Global health stems from the age of imperialism when the health needs of colonists were always addressed while the health needs of the colonized were observed. Healthcare practitioners trained in western medicine are often taught in English. Most researchers are from white or middle- and upper-class countries such as the United States. As a result, global health research is conducted through a biomedical lens that prioritizes treating diseases, not systems. Researchers and aid-workers interpret local communities as a community's resistance to western medicine instead of unappreciated paternalism.

Though global health has expanded beyond the scope of western medicine, it still fails to address extent to which the built environment, in terms of political, social, and physical structures, contributes to disease incidence. Well-meaning projects can cause more harm than good, leaving communities frustrated and disengaged. More projects need to address infrastructural changes, corporate accountability, and preventative care. Global health can become a place for environmental justice, if it includes long-term sustainable relief that actively involves local communities, and elevates community needs over economic concerns of other stakeholders.

Mania Mgdsyan

"ZIP Codes Matter": Understanding the Geographic Factors that Impact Health in San Diego County

Abstract:

Motivation: While certain neighborhoods in San Diego County have a beneficial built environment that promotes health and well-being, other neighborhoods have a detrimental built environment that contributes to poor health. These detrimental environments are often microcosms of low-income people of color who bear a disproportionate burden in disease outcomes.

Problem: There is a common thread between race, socioeconomic status, income and geographic location. In San Diego County, low-income people of color are congregated in neighborhoods with high densities of industrial facilities, lack of green spaces, and

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disproportionately high amounts of toxic emissions, that put them at a higher risk of developing chronic diseases (United States Environmental Protection Agency 2016).
 Methods: A comparative analysis of different neighborhoods in San Diego was conducted to see how the population profile of a neighborhood and the built environment influence one another. United States Environmental Protection Agency (USEPA), Social Explorer, San Diego Association of Governments (SANDAG), and the CalEnviroScreen were the primary data sources used to gather population profiles and environmental statistics. Researching the infrastructure of a neighborhood involved accounting for levels of toxic emissions, availability of green spaces, walkability of environments, and access to healthy foods.

Results: Based on these analyses, it was identified that the geographic location where one resides heavily influences health. People of color and low socioeconomic status in San Diego County are being clustered in neighborhoods like Barrio Logan, which is ranked the highest at-risk community in San Diego resulting in disproportionately high levels of chronic diseases, primarily asthma (CalEnviroScreen 2017).

Conclusion: This review of geographic location and its impact on health demonstrates a lack of environmental justice in San Diego County, where the already burdened lives of low-income people of color are further paralyzed due to their geographic residence. Hopefully, dissemination of this information will bring awareness to the problem and promote further research towards achieving environmental justice within these neighborhoods.

Shirelle Mizrahi

Defining “Disorder” How Cultural and Self Concepts Affect Eating Pathology and Experience Abstract:

Current literature surrounding the prevalence and treatments of eating disorders (ED) are largely centered around Western notions of how they are experienced—severely disregarding the cultural, economic, and political factors that affect eating pathologies in non-western states. In order to overcome this linear interpretation of EDs, a greater expanse of literature, focusing on the phenomenon that affect ED acquisition, community responses, and language surrounding the disorder, as well as language surrounding treatment, is crucial.

First, focusing on structural and institutional features of three separate communities in Fiji, Belize, and Japan will provide context through which disorder can be understood. Specifically, research will focus on the economic conditions, political changes, and socio-cultural presence in each community. Investigating the way language acts as a medium for understanding EDs within the greater communal context promotes an active conversation about their interrelationships. Analyzing the language through which adolescents describe their eating behaviors and pathologies will serve as insight into their unique self conceptions. Trends in cultural idioms and language usage reflect broader values, conceptions, and experiences on the regional scale. By analyzing both prominent theories for eating pathology prevalence and ethnographies targeting the lived experiences of adolescents in specific communities, a more enriched understanding of EDs can be attained.

Research has shown that oftentimes, communities undergoing rapid or sudden change in the economic, political, or social sectors show greater rates of eating disorders and altered self conceptions. Although the globalization and dissemination of media and research likely

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influences these trends, understanding these findings on the basis of cultural significance on an individual and regional scale is necessary for productive shifts away from mental health standardization.

Alice Moylan

Social Support and Norms in Relation to the Sexual and Reproductive Health of Adolescent Girls in West Africa

Abstract:

Motivation: Adolescent girls in West Africa have increased risk of negative sexual and reproductive health (SRH) outcomes including HIV, STIs, and unwanted pregnancy. However, adolescent girls in West Africa still have low SRH knowledge and a high unmet need for family planning. Adolescence is a unique and emerging life stage in West Africa and there is not yet robust research and data on effective methods for improving SRH of this population. **Purpose:** The health of girls is a cornerstone of sustainable development because of its wide implications for child health, education, and economic development. The goal of this paper, via an analysis of the current literature, is to examine the institutional and sociocultural barriers to SRH education and care that adolescent girls in West Africa face and propose interventions that can effectively reduce this vulnerability to improve health.

Methods: A literature review was conducted on interdisciplinary databases including PubMed, Sociological Abstracts, and Family and Society Studies Worldwide.

Results: Common concepts that appeared were (1) the effects of increased agency on adolescent SRH knowledge and outcomes, (2) the limited success of institution-only interventions for SRH, and (3) the profound social norms and networks influencing SRH outcomes and knowledge. The results presented in this paper focus on how social ecology and social resilience theories relate to existing SRH interventions.

Conclusion: Social structures are an integral part of how adolescent girls in West Africa learn about and practice SRH. Therefore, interventions aiming to improve SRH in a sustainable manner must engage with adolescent girls' social networks in addition to standard SRH education and care within institutions such as schools and clinics.

Andrew Namkung

The Embodiment of Healing Among Indigenous People: Understanding Different Forms of Healing

Abstract:

Medicine has transitioned gradually over time from indigenous, religious, or folk medicine into bio-medicine. The meaning of healing has been changed too. How does one claim they are fully "healed"? In terms of biomedicine, to cure the individual with no pain is the definition of healing. However, patient care can be understood differently in other parts of the world. Why should other forms of treatment be ignored or shunned by western doctors?

My aim is to focus on the "indigenous" forms of healing in different parts of the world and how those forms of healing are sometimes as effective as western bio-medicine. This analysis will generally be focused around mental health and the idea of mind-body in healing.

The types of healing focused on is not only "indigenous/folk" but also religious healing as well too.

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Preliminary results show psychotherapy was the main issue behind healing with the idea of duality. How can these individuals with such “old” ideas of healing seemed to be able to fight the diseases of mental issues which western bio-medicine with superior medicine was able to fight.

I argue that there might be circumstances in which western biomedicine will not be as effective. Some circumstances could be not enough funding or man-power to do the treatments of healing. Being a Global Health major, we should focus on the biosocial approach in order to provide treatments to other people that need it. However, there are cultural models that are in conflict. As a result, we should expand our horizons on the notion of healing to understand the many different cultural models in order to give the best possible treatment possible.

Carol Uyen Nguyen

The Persistence of Contemporary Child Prostitution in Thailand: A Long-lasting Consequence of Global Capitalism

Abstract:

Purpose: To examine the problem of child sex work and its health consequences in order to seek for policy change.

Problem: Children who are exploited in the commercial sex industry are at high risk for infectious diseases, STDs, HIV/AIDS, mental traumatization, substance abuse and violence (Lau, 2008). Child prostitution is a complex global health problem that needs to be addressed. In Thailand, child prostitution is a product of poverty and economic exploitation (Montgomery, 2001). However, these factors are no longer responsible for the contemporary child prostitution. The Thai government had imposed policies to illegalize prostitution as the social developmental progress (Lau, 2008). Yet, by passing strict laws to regulate sex work, Thai society has generated unintended consequences for families and children-they still engage in prostitution because they need income, but they avoid getting medical assistance due to the fear of the law. The root cause of child prostitution is Thai society being increasingly dominated by the capitalist desire for material products generated by the growth of modern economy. **Method:** Using the literature review method and comparison studies to analyze the child prostitution in Thailand and identify the dimensions of the problem and solution with the most current up to date sources from Google Scholar and UCSD Library Databases.

Results: The political and social ramifications of Thailand's transformation to develop the international capitalism ideology has allowed the persistence of child prostitution. The Thai governmental policy change with better NGO's intervention programs focusing on the child behavior in the capitalist consensus are desired. The contemporary child prostitution diverse into many forms under the impact of capitalism, which has been overlooked by the NGOs and governments.

Conclusions: Ending child prostitution in Thailand requires a greater emphasis on a realistic and interdisciplinary perspective from global health workers, especially in a capitalist world where the morality and human values are alienated to generate the outcome commodities and financial achievements. Thus, the exaggerated and distorted campaigns to generalize and identify the cause of the child prostitution to poverty and lack of education are outdated. Other

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factors such as gender discrimination, family structure, children's choices and their perspectives on prostitution, and sex tourism all reflecting modern capitalism should also be investigated. References:

Lau, C. "Child prostitution in Thailand". Journal of Child Health Care, 2008.

<http://dx.doi.org/10.1177/1367493508090172> (accessed January 31, 2018)

Montgomery, Heather. Modern Babylon: Prostituting Children in Thailand. Oxford: Berghahn Books, 2001

Hanvit Oh

"Health Begins with Maternal Health"

Abstract:

Problem: How the social determinants of health affect the mother's health, and how that, in turn, affects the child's physical health.

Public health heavily focuses on prevention of poor health outcomes, and one of the most effective and fundamental interventions is to educate women and mothers in communities. Society needs to support women through their journey from pregnancy and the postnatal period through the life span. There is much less awareness on the effects of mother's status on her child's physical health. The mother's marginalized status can be the cause of a cycle of poor health.

Purpose: The purpose of this paper is to understand the health disparities shaped by the various intersecting marginalized statuses of mothers: socioeconomic, racial and ethnic, and the absence or presence of family and social support (relationship status). The ultimate aim is to analyze the effects of disadvantaged and marginalized status of mothers for infant health outcomes (still birth, pre-term birth).

Method: I use a series of statistical and quantitative data to understand the above challenges for the health status of mothers in the United States and how it interacts with infant health outcome. I use this data to define the vulnerable status of mothers and the link between the infant health outcomes. I also use literature that talks about the vulnerable status of the mothers and different challenges affecting the health of mother and infants, mainly the access to health resources and support.

Results: Evidence supports a link between these statuses of mothers and subsequent poor health outcome in the infant. By assessing the different barriers to having a healthier child, the paper shows the cause of less healthy infant population, the next generation of society. The recommendation is to increase access to health resources for marginalized mothers that caters to their specific marginalized status. The aim is to decrease the disparities among the mothers to decrease the health disparities among the infants.

Ginikachi Olelewe

"Roll With The Punches:" An Analysis on the Decline of Mental Health Among Amateur and Professional Athletes in the U.S.

Abstract:

Background: Over the past several decades, sports has remained one of the largest industries in the United States. Within U.S. universities alone, there are over 480,000 NCAA athletes

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competing across 24 different sports (NCAA 2017). In nearly all major U.S. sports, discussions of mental health amongst amateur and professional athletes have come to the forefront. Lately, multiple studies have been published that suggest how participation in contact, as well as non-contact sports, can place athletes at a high risk of developing mental health issues.

Aims: With that being said, the purpose of this paper is to examine the mental health patterns observed among U.S. amateur and professional athletes. Specifically, I will analyze the prevalence of psychological disorders in relation to the social pressure, training load, and injuries faced by these athletes. The main essence of this paper aims to tackle the question,

"How do psychological and physiological stressors correlate to the decline of an athlete's mental health in the U.S.?"

Methods: This literature review will be based on a number of research articles related to mental disorders, mental health and athletes, concussions, sports-related injuries, overtraining, college sports, professional sports, athlete burnout, sports psychiatry, and chronic traumatic encephalopathy. The search engines used were ProQuest and PubMed.

Conclusion: Based on the research provided, a connection between mental health issues and psychological and physiological stressors does exist among U.S. athletes. However, further research must be conducted in order to determine the strength of this relationship. With these findings, support for mental health interventions, such as on-campus counseling and psychological services, will continue to expand. Furthermore, as mental health awareness increases within sports, more athletes will feel encouraged to step forward and seek treatment for their troubles.

References: Estimated probability of competing in professional athletics. (2017, March 13). Retrieved February 14, 2018, from <http://www.ncaa.org/about/resources/research/estimated-probability-competing-professional-athletics>.

Lauren Olson

The sun rises for everybody: The Long Lived Struggle of Mapuche People for Mental Health Care In Inequitable Health Care Systems in Chile

Abstract:

The Mapuche population of Chile is an indigenous community in South America known for its traditional healing practices used to treat both physical and mental illnesses. Mental illnesses found within the Mapuche community include, but are not limited to, depression, anxiety, and post-traumatic stress disorder. Historical experiences in Chile may have contributed to intergenerational trauma among the Mapuche, as untreated trauma in a parent can be transmitted to children through familial bonds and personal messaging about life. Such experiences began with the arrival of the Spanish in 1541, continued with the Mapuche endurance of colonization and the resistance of Chilean state formation in the 1800's, escalated with the late twentieth-century Pinochet dictatorship, and linger on today with the current fight for state recognition as a legitimate indigenous group. The population of Mapuche in Chile constitutes around ten percent of the entire Chilean population, yet insufficient research has been performed regarding the community's health. While this may be unsurprising, due to the historical neglect of the indigenous populations in all regions across the globe; it is nevertheless unacceptable in the modern world. The mental health needs of the Mapuche must be

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understood to establish a proper culturally competent model of healthcare. Traditional healing practices can be combined with western biomedical practices and carried out within highly-indigenous communities. To better understand this issue, extensive reviews of literature and narratives in both English and Spanish were conducted on the Mapuche peoples, the Chilean healthcare system, and the history of traumatic experiences and mistreatment of indigenous peoples in Chile. Articles cited also include insight into traditional and western biomedical healing practices with regards to mental illness. Research findings show that the mental illnesses of Mapuche are rarely discussed and largely ignored within discussions of Chilean public health. In order to resolve the issue of low access to mental health services, an intercultural health system must be established with the mutual respect and acknowledgment of the two medical systems.

Elizabeth Pairis

Why do we remain in a global water crisis?

Abstract:

Water is the most basic element of human health; it is universally accepted as one of the most important elements of life, yet 2.1 billion people are still lacking access to safe drinking water (WHO, 2017). In India alone, 163 million people lack access to safe water. Thus, accessibility to clean water remains a major global health problem that impact billions of people who consequently suffer adverse health effects such as: diarrhoeal disease, malnutrition, waterborne infections, and child mortality. While efforts, such as improved water sources have been made to eliminate this issue in rural India, the problem remains. If this issue remains unsolved, millions of Indians both presently and in the future will experience adverse health effects, which will inhibit their ability to succeed educationally and economically.

This thesis will examine both successful and unsuccessful water interventions in rural India. This examination aims to use these successes and failures to produce a recommendation for a lasting development project that would improve access to water for rural Indians by attending to relevant contextual factors. This would lessen many of the health burdens resulting from water inaccessibility. Through examining the successes and failures in India, I seek to determine which steps to take towards creating water accessibility globally, as safe drinking water is a right that everyone deserves, not a privilege.

Melissa Palafox

Protect Mothers At All Costs: How Socio-Economic and Cultural Disparities Contribute to the Growing Rates of Maternal Mortality in Rural South India

Abstract:

India currently has inequality when it comes to health care and access to resources. Comparing rural cities, urban cities have 20% more health care coverage and easy access than those from rural areas (Montgomery et al. 2014). Maternal health continues to be one major health issue that I was able to witness when visiting South India for my field experience. Specifically, one fifth of all deaths relating to maternal health and preventable maternal diseases occur in India

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alone (Montgomery et al. 2014). In order to decrease the increasing rate of maternal mortality in India and have the current health system improve their maternal health programs, socio-economic and cultural disparities need to be addressed.

My aim is to show the increasing rate of preventable maternal mortality cases and the various factors that contribute to the disparities that hinder a woman's access to preventative care. My goal is to specifically target my research on socio-economic and cultural disparities that are present among rural India, and the inequality it creates on access to care and utilization rates. I will be comparing those findings to urban areas and other countries with similar qualities like China.

There are vital connections between inadequate maternal health and rural areas in India. Aside from proper maternal health, socio-economic disparities and a lack of knowledge were linked to high maternal mortality rates, which can trace back to the lack of access to preventative care and proper health education (Singh et al. 2014).

Recommendations for more inclusive and broad interventions will be provided.

Education is key to keep every mother in India informed about their exposure to risks and increase their utilization of preventative care. If interventions start by focusing on the community level and incorporate educational techniques that resist socio-economic disparities, women will be more informed of their health routine and be able to utilize medical resources, thus lowering the rates of preventable maternal mortality cases.

References: Montgomery, Ann L., Usha Ram, Rajesh Kumar, and Prabhat Jha.

"Maternal Mortality in India: Causes and Healthcare Service Use Based on a Nationally Representative Survey." PLoS ONE 9, no. 1 (2014), e83331.

Singh, Prashant K., and Lucky Singh. "Examining Inter-Generational Differentials In Maternal Health Care Service Utilization: Insights From The Indian Demographic And Health Survey." Journal of Biosocial Science 46, no. 03 (2013), 366-385.

Shani Park

Highly Addictive, Highly Effective; A Look Inside The Killer Opioid Epidemic

Abstract:

Problem/Background: The Prescription Opioid Epidemic has become a destructive problem sweeping the United States. "On average, 115 Americans will die each day from overdosing on opioids" (CDC). Physicians, with the assistance of pharmacists, have prescribed medications at high rates; contemporaneously, the United States experienced a dramatic increase in persons with addictions to opioids. I investigate what social, political, and economic factors caused the prescription opioid epidemic occurring in 2018.

Purpose: This study will examine how the US understands addiction as either a chronic disease, a curable disease, or a cultural problem. Treating pain with prescription drugs will be challenged. It will include why doctors prescribe medications to their patients—when they are highly addictive. Investigating the issue's root causes will help to understand the viewpoints of the stakeholders, which can fuel insight on the United States' steps to recovery.

Implications: These results are important in eradicating the opioid epidemic and will help save lives—of all socioeconomic backgrounds and ages—in our nation.

Methods: This study will be constructed using interdisciplinary literature on the statistics of the

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opioid epidemic, addiction prevention/treatment, and the public's response to the crisis. The history of opioids will be considered in order to gain both knowledge of and perception on how prescriptions have shaped society to form a national emergency. Trends in prescription uses, death overdose rates, and what groups are most susceptible will be interpreted.

Results: After looking at the opioid epidemic from the perspectives of different stakeholders—the physicians, the pharmacists, and the patients—I will examine how each group conclude the epidemic occurred.

Centers for Disease Control and Prevention (2017, August 30). Understanding the Epidemic: Drug Overdose Deaths in the United States Continue to Increase in 2016. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

Thi Phan

Heat Waves, Climate Change, and Health in India

Abstract:

Climate change, a pressing contemporary issue, has tremendous implications not only for the physical condition of our planet but also the human condition. It intensifies and multiplies existing threats, such as heat wave mortality and morbidity. In my study, I compare the complex ways in which climate change will interact with existing vulnerabilities to answer the question: how can the health burden of heat waves in India be decreased in the face of climate change? To begin, I examine how existing vulnerabilities contribute to heat-related health burden. Populations in India that are most vulnerable to heat waves include people dwelling in densely populated slums, people with pre-existing health conditions, children, outdoor laborers, and the elderly. Adaptive capacity is also an important characteristic that determines resulting health burdens. Then, I explore how climate change increases these health burdens by altering the magnitude, frequency, and duration of heat waves. Lastly, I propose a policy for heat wave adaptation and management that emphasizes multi-lateral cooperation, strong local leadership, and community engagement. As with most research regarding climate change's impact, respective degrees of uncertainty still exist due to aggregated uncertainty of scientific models, emission scenarios, future socioeconomic development, and policy implementation. Because the health impacts of climate change are not distributed uniformly, we must undergo the tremendous multidisciplinary endeavor of examining the health inequalities exacerbated by climate change and its symptoms to bring us one step closer to achieving the goal of health equity.

Breanna Jahaira Reyes

Living with Diabetes As a Mexican Deportee: The Difficulty Immigrants Face to Obtain Proper Healthcare and Social Support

Abstract:

Motivation: Undocumented Mexican immigrants are faced with many obstacles that impede their outcome to live a healthy life. Some of the barriers that these immigrants must overcome when they are deported are: dealing with the loss of social support, obtaining access to healthcare services, overcoming structural violence and social suffering. According to a study, "When individuals migrate, they run the risk of severing social and institutional ties in their

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home communities, which may include loss of insurance coverage.” As a result, being able to treat chronic diseases becomes a struggle that they must endure in their journey as an immigrant.

Problem: The Mexican Diabetic diaspora lose access to healthcare and social support that was once available to them while they resided in the United States, and this affects their ability and motivation to seek help to treat their disease. This research aims to demonstrate that the programs made available to aid this population needs to be modified to better support their access to biosocial support.

Methods: I used a series of investigations on interdisciplinary literature. The literature reviews were conducted on a topics that focused on Mexican immigrant health, structural violence within the Mexican and American government, immigration policy, social suffering and systemic barriers.

Results: The findings demonstrate that there are connections between an immigrant’s biosocial support and their health outcomes. Furthermore, the research conducted also indicates how the interactions made between social systems, such as interaction with police enforcement, plays a key role in determining the patients access to reliable healthcare. Finally, it is noted that the programs made available to assist this population need to be improved.

Conclusion: This review on the lack of biosocial support for undocumented Mexican immigrants who are deported brings awareness to the need to create and improve programs that serve to protect their right to have access to health.

Reference: Wassink, J. (2018). Uninsured migrants: Health insurance coverage and access to care among Mexican return migrants. *Demographic Research*, 38, 401-428.

Omar Sajjad

Walking to the Finish Line: Polio Eradication and the Remaining Hurdles

Abstract:

The worldwide campaign to eradicate polio has enjoyed considerable success since its enactment in 1988. However, the disease is still endemic in three countries: Pakistan, Afghanistan, and Nigeria. In this thesis I analyze the socioeconomic, political, and cultural barriers to polio eradication for each endemic country. To determine which methods have worked and which can be improved, I also evaluate the current eradication efforts by global health and philanthropic organizations in these countries. After performing a comprehensive literature review, I have found that distrust in government, anti-Western sentiment, and militant threats and propaganda are the primary factors in the persistence of polio. These results not only illustrate the negative connotations that are often associated with humanitarian programs, but also highlight the alarming prevalence of general anti-vaccination attitudes around the world. Ultimately, I argue that polio eradication in Pakistan, Afghanistan, and Nigeria largely depends on the efforts of in-country institutions; the governments of these countries need to build trust, encourage community participation, and integrate polio vaccination within existing health programs.

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Branden Salgado

The Devastating Effects of Climate Change and Displacement Among Asia and Remote Islands Abstract:

Climate change is projected to increasingly impact life on earth, altering biodiversity and affecting mankind directly and indirectly through issues such as diseases, displacement, and food insecurity. The Intergovernmental Panel on Climate Change (IPCC) identifies natural variations and anthropogenic pollution as the primary contributors to climate change. The purpose of this research is to increase understanding of how climate change occurs and how it produces natural disasters among low-to-middle income countries leading to displacement. This research examines at overlooked areas such as Asia and the remote islands – Maldives, Tuvalu, and Kiribati. My findings will help facilitate the understanding of the topic through qualitative literature review, focusing on the following areas: politics, migration, and adaptation. The study will provide intensive research that is obtained via reliable search engines and the meticulous review of the environmental refugees in Asia and the remote islands, which will lead me to discuss their living conditions, experiences, policies and practice, and ways to promote better health security. Also, these findings infer that if the efficacy of climate change and displacement is handled effectively, then conflicts will be avoided, humanitarian crises will diminish, and environmental justice will be served.

Cassidy Shapiro

Life in Limbo: A Literary Analysis of Somali Refugee Camps, Mental Health, and Refugee Policy Abstract:

Within refugee camps, humanitarian aid facilitates access to treatment for various factors of health. Although adverse health conditions such as infectious disease, malnutrition, and traumatic injury are consistently addressed, mental health services are often inadequate or overlooked. Among these populations, the prevalence of psychopathology is abnormally high due to the experience and conditions undergone as a refugee. This study considers the effects of living within a refugee camp on the mental health of Somali refugees in Ethiopian camps. While studies consider the effects of war, trauma, and other pre-flight factors to the development of psychopathology, the conditions within these camps are not main considerations. The analysis in this literature review examines studies on the prevalence and experience of mental health, conditions inside camps, and the refugee experience of agency. Among the Somali refugee population residing in Ethiopian camps, various psychopathologies including depression, anxiety and PTSD are seen to have high prevalence. These mental illnesses are aggravated by the lack of adequate services, living conditions, and cultural expectations within the camps. These results reveal that adverse mental health still develops and worsens post-flight, and that conditions within the camp play a role in the overall psychological experience of refugees. To truly lower the burden of psychopathology and enable members of this population to regain agency over their lives, mental health must be addressed and adequate services must be prioritized along with other health services. Improving current refugee policy implementation and discourse will be an essential component in achieving this.

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Stephanie Sin

Performance over Health: Eating Disorders and Co-Morbidities among Collegiate Student Athletes

Abstract:

Background: Eating disorders are currently on the rise. Collegiate athletes are faced with struggles with academics and their sports throughout their lives, especially increasing the pressures when coming to college. Among collegiate student athletes, there are may be certain pressures, comparisons of body image to others, and other psychological reasonings which can lead an individual to develop an eating disorder. Most often, there is a likelihood of the individual or also develop other co-morbidities such as depression and anxiety. This paper seeks to state the importance and need of better education and prevention for student athletes with an eating disorder.

Method: Most of my research was based on literature using PsycINFO and PubMed, narrowing my keywords to eating disorders, collegiate athletes, and mental health.

Results: With all of the readings, there was a common theme of social and environmental pressures which can influence an individual. There has been studies which have shown that specific sports may have a more prevalence of eating disorders as it might be due to the leanness and non-leanness of the sport. Collegiate athletes are faced with parental, social, academic, environmental, and personal pressures which can ultimately lead to the development of an eating disorder along with co-morbidities such as depression and anxiety. **Conclusion:** It is vital to understand the importance of eating disorders and co- morbidities that may occur among collegiate student athletes. There are possible long term effects physically and mentally that can affect an individual. Many studies have shown that there can definitely be a higher level of education, prevention, and treatment of eating disorders among collegiate athletes.

Mona Singh

Diving into Sri Lanka to analyze the Association between Climate Patterns and Mosquito Borne Diseases

Abstract:

Problem: Dengue fever is a mosquito-borne viral disease estimated to cause about 230 million infections worldwide every year, of which 25,000 are fatal (Wilder-Smith et al., 2012). Global incidence has risen mainly in urban centers of the tropical and subtropical areas. In addition, rainfall increases the abundance of mosquitoes, which may increase susceptibility for inhabitants of urban and rural areas in the tropical region of Sri Lanka to contract mosquito borne diseases.

Aim: To research whether climate patterns, specifically precipitation and/or rainfall patterns, lead to an increase of mosquito borne diseases like dengue fever in Sri Lanka. Not much research has been shown to associate climate change/patterns and the prevalence of mosquito borne diseases in conjunction, so this paper would illustrate this and potential interventions to combat the problem and improve mortality rates and health.

Methods: Research on rainfall patterns, climate change, climate patterns, and statistics on mortality rates from dengue fever were done using academic search engines.

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Results: *Aedes aegypti* and *Aedes albopictus* are the major mosquito vectors of dengue (Sirisena and Noordeen, 2014). In addition, there exhibits various rainfall patterns in different regions of Sri Lanka depending on seasonal rainfall and the amount of rainy days. This thesis will discuss the relationship between rainfall patterns and dengue fever. In tropical and semi tropical countries, like the tropical north region of Sri Lanka, dengue is of major public health concern.

Conclusion: There is a correlation between dengue fever outbreaks in urban, semi-urban, and rural areas, and the rainfall pattern that also increase the number of breeding habitats of *Aedes* vector. This demonstrates the importance of using interventions, like improved mosquito nets, to combat the spread of dengue fever and protect the health of Sri Lankan citizens since many populations could be at risk.

Sirisena, P., & Noordeen, F. (2014). Evolution of dengue in Sri Lanka—changes in the virus, vector, and climate. *International Journal of Infectious Diseases*, 19, 6-12. doi:10.1016/j.ijid.2013.10.012

Wilder-Smith, A., Renhorn, K., Tissera, H., Bakar, S. A., Alphey, L., Kittayapong, P., . . . Gubler, D. (2012). DengueTools: innovative tools and strategies for the surveillance and control of dengue. *Global Health Action*, 5(1), 1-9. doi:10.3402/gha.v5i0.17273

Thomas Skaggs

"The Monsters That Follow": The Long-Term Consequences of Refugee Children Exposed to Various Forms of Psychological Trauma.

Abstract:

Refugees and Asylum seekers have been displaced by war, natural disasters, and political violence in their home country making them one of the fastest growing populations concerning global health experts today. The variations of traumatic events experienced by refugees is crucial to the understanding of their long-term health and well-being. However, these variations have been neglected in the screening processes of health professionals thus not giving them the specialized care that they need to improve their condition in their receiving country. Some research has suggested that different types of trauma has lasting effects on mental health, quality of life, and poor social adaptation in the refugee's receiving country. Especially for refugee children; a population that is extremely susceptible to trauma have high rates of mental health problems later onto adulthood. With the expected rise in the refugee population, it is important to understand the variations of trauma experienced so screening methods and health policies can become more efficient in assisting to the needs of these individuals. Through library research, this thesis plans to describe the variations of trauma and how it manifests itself in the long-term wellbeing of refugee children in hopes to create more opportunities to improve the screening processes that are specific to the traumatic experienced.

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Saraka Smith

Black Mental Wellness: Equity For Lives That Matter

Abstract:

Problem: Structural social determinants of health create direct and indirect pathways for inequities and inequalities between black and white populations who suffer from mental illness in the United States. These health disparities need to be addressed so that preventative measures can be taken to narrow the gap and ensure equal access to healthcare for black communities. This could significantly reduce the rates of mental illnesses that have adverse effects on this demographic.

Background: Structural racism greatly contributes to the on-going mental illnesses Black communities suffer from today. Only in the past two decades have these health inequities been given serious consideration, review and examination. Also, given historical racisms, this compounds the well-founded distrust in the primarily white healthcare system that the black population currently has.

Purpose/ Why it is important- Policies and institutional practices are designed that continually work to perpetuate racial inequity and inequality. Marginalized groups, specifically the black population in the United States, have insufficient access to health care or have it unequally distributed because of racial prejudices. This barrier awards their White counterparts further privilege to obtain better access in a variety of facets in healthcare, including resources, doctor availability and choice as well as insurance options. Current failures in the mental healthcare system for black populations may therefore create or further contribute to impaired mental wellness, both individually and on a community level.

Methods: I am reviewing literature from various disciplines which include psychological, sociological and medical that verifies the multiple perspectives that are offered in understanding the contributing and exacerbating factors in mental wellness and illness. Data is being drawn from extensive literature review about comparative mental illness between black and white people.

Melissa Vajanaphanich

Would you like a side of sweet and sour sauce with that? An Examination of the Growing Obesity Pandemic in Asian Nations

Abstract:

Background: As more countries in the East are transitioning from agrarian to industrial and post-industrial economies, built food environments and food consumption habits are changing rapidly. The emergence of new businesses, such as Western supermarkets and fast food chains, are colonizing local food systems, disrupting indigenous food cultures, and alienating people from traditional taste preferences, and as a result accelerating the rates of obesity in Asia. With the inevitability of the global nutrition transition, we must develop more potent policies to mitigate this alarming disease trend.

Aims: My intention is to explore the economic, the sociocultural, and the political forces driving the obesity pandemic in Asia. I will analyze the phenomenon producing the obesity pandemic, such as Burgerization and Big Food. Moreover, I will also evaluate the efficacy of current politics with the goal of redressing the disparities that exist in food policy.

Methods: My analysis of current policies is based on an interdisciplinary literature review on the topics of obesity prevalence, business development, food policy, nutrition

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transition, and economic growth in the greater Asian region.

Conclusion: To combat the growing waistlines in Asia, a multi-level approach within the global food chain must be developed. It is imperative that regulators collaborate with producers to devise solutions that incorporate education and policy in order to equip consumers with the necessary information and resources to lead healthier lives.

Cara Valenti

Low Incidence, High Mortality: Women with Breast Cancer in Sub-Saharan Africa

Abstract:

Problem: Why are women with breast cancer in sub-Saharan Africa showing high rates of mortality?

Purpose: Women present advanced stage breast cancer in sub-Saharan Africa and data has revealed that they are experiencing lower incidence rates yet higher mortality rates compared to developed countries. The aim of this study was to examine the reasons why these high mortality rates were being experienced. It was important to focus on the factors contributing to these rates, while also considering the perspectives of the women living with breast cancer. Methods: I used online data and literature to conduct my research. When searching online, I used keywords such as 'breast cancer', 'sub-Saharan Africa,' 'women,' 'mortality,' and 'treatment.' My sources were found primarily through EBSCOhost. The remaining were found through ProQuest and PubMed.

Results: This study demonstrated that the existing health disparities profoundly impacted a woman's survival. The results suggest that the lack of resources were key factors that help explain why mortality rates were so high. Women faced financial constraints and lacked access to early detection and treatment options which reinforced this ongoing issue.

Implications: This research draws attention to a major problem that continues to occur today. The results suggest the urgent need to provide women with available resources and low-cost or free services. Implementing free programs providing breast cancer patients with access to diagnoses and care could drastically help with bringing mortality rates down.

Kirstine Walker

Understanding Antibiotic Resistance & the Consequences of Antibiotic Resistance in Primary Care

Abstract:

Problem: Antibiotic Resistance (ABR) is becoming a major health threat due to persisting overuse and misuse of antibiotics. This study addresses how increasing antibiotic resistance rates are affecting primary health care patients and their communities.

Purpose: This paper contributes to the importance of preserving antibiotics and steps communities can take to ensure our limited amount of antibiotics remain sustainable for future generations. I argue that certain factors are contributing to the over distribution of antibiotics and in turn contributing to the growing antibiotic resistance of bacteria affecting primary care patients worldwide.

Methods: A biosocial approach is necessary to address the many factors that are involved in making the over distribution of antibiotics so prevalent around the world

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today. The components discussed in the paper include the common trend of healthcare physicians excessively dispersing antibiotics to their patients, the knowledge deficient of antibiotic consumers, the alternative uses for antibiotics, the lobbying of pharmaceutical companies, and the under regulation and lack of adherence to antibiotic laws and guidelines by doctors and communities.

Results: Coming together as a community to gain public awareness and addressing biosocial influences through policy creation and preventative measures will help to advance towards controlling increasing levels of resistance.

Interpretation: By adopting these methods and taking control of the rising levels of resistance, communities will be able to continue to treat infections of very ill patients in primary care facilities in a timely manner and with minimalized fears of antibiotic resistance.

Wayne Wefel

The Future of US Healthcare

Abstract:

"Problem: The healthcare transition under the Trump administration poses many changes to the social welfare system implemented by the PPACA. How vulnerable populations (Low SES and refugees) are particularly impacted in Texas in comparison to a liberal state, California are analyzed. Due to Medicaid being federally and state funded but controlled by the state, accessibility and cost utilization for populations that are already at a disadvantage are at an elevated risk to lose essential services and see an increase in worse health outcomes. Purpose: This analysis seeks to consider the role of welfare institutions in different state government models. Understand models of healthcare and how they are impacted based off future legislation such as the repeal of a required individual mandate, essential health services and other cost containment methods. Adaptation styles by refugees to gain care in differing states are also analyzed.

Methods: Literature review pertaining to case studies of refugee families and individuals are used to analyze the state of health access across states. Review of health outcomes pre and post PPACA are also examined.

Results: States that chose to expand Medicaid saw a major reduction in uninsured residents and overall better health outcomes. GOP passed legislation that undermines the Affordable Care Act, including the individual mandate. States that rely more on the private healthcare model lead the nation in uninsured citizens and worse health outcomes. Refugees are less likely to seek care due to cultural barriers, future policies may increase disparities.

Interpretations: Diverse backgrounds of low SES for each state examined will experience different repercussions.

Implications: A baseline model of healthcare should be implemented across state boundaries to ensure adequate basic care. New methods of insurance should be implemented amongst vulnerable populations to ensure cost effectiveness."

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Jing Yu Weng

Food insecurity, vulnerability and susceptibility to HIV/AIDS

Abstract:

Problem: Morbidity and mortality rates related to human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and food insecurity are unacceptably high in developing countries such as South Africa. One major cause; food insecurity that of being without reliable access to a sufficient quantity of affordable and nutritious food is associated with the risk and transmission of HIV/AIDS. Food insecurity and HIV/AIDS are intertwined in a vicious cycle that worsens the severity of each condition.

Purpose and Methods: Drawing on literature reviews and studies found in Google Scholar and PubMed, this paper will analyze the significant causes that intertwine food insecurity and HIV/AIDS. This paper seeks to explain the social and economic causes of how food insecurity leads to HIV/AIDS for individuals living in South Africa, ultimately there are interventions that must be implemented in South Africa and Africa as a whole to improve the health and wellbeing of people living in South Africa. Research methods that are present in my research paper; case study, interviews and anonymous surveys. The words used in the search engines were but not limited to; South Africa, food insecurity, HIV, AIDS, vulnerability and susceptibility. **Results:** In conclusion, food insecurity pushes individuals living in South Africa to partake in risky behavior that heightens the risk and transmission of HIV/AIDS. Whether it be social or economic factors, by partaking in risky behaviors the individuals are prioritizing their wellbeing and the wellbeing of others in order to improve their food security status. Overall by improving the food security status for individuals living in South Africa it will improve their overall physical health.

Vijit Yadav

Refugees Escaping Syria: Structural Violence and its Active Limitation of Women's Health

Abstract:

Problem: After the 2011 Syrian civil war, millions of civilians have become refugees looking for safety in countries nearby and overseas. While the Syrian refugee population as a whole has received attention worldwide, Syrian refugee women require particular attention. The systemic issue of structural violence has led to this subpopulation facing higher burdens of disease and restricted access to health care, especially within the context of refugees living in camps in neighboring countries.

Purpose: My study is important because it studies marginalization against Syrian women specifically who have not received enough attention by both news and media worldwide as well as by academic literature. In addition, I am addressing an issue that is ongoing and that continues to target Syrian refugee women today.

Methods: Research is done through case studies that are conducted within Syrian refugee camps including perspectives from female refugees themselves, as well as theoretical papers that address the problem within a structural-based context. Statistical studies also serve particular importance here as they provide a foundation to draw upon data highlighting the discrepancies in healthcare that refugee women are forced to deal with on a day-to-day basis. **Results:** Due to failed government protection within Syria

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and in host countries including Lebanon, Jordan, and Turkey, perpetual military threats, patriarchal social hierarchies, and inadequate healthcare systems, Syrian refugee women's health is disproportionately impacted. Interpretation: These results show that Syrian refugee women's health, which includes sexual and reproductive health as well as mental health and well-being, are affected by larger factors that are out of their direct control.

Implications: My results are important because in order to holistically understand why Syrian refugee women's health is undermined, social, cultural, and economic factors all need to be addressed. In the long run, this would hopefully contribute to more studies that take this perspective into account not only for Syrian refugee women, but refugee populations worldwide facing similar barriers.

Alana Young

Growing Apples in the Big Apple: Investing in Urban Community Gardening to Mitigate Climate Change-Related Food Insecurity

Abstract:

Climate change threatens global food security, which encompasses availability, access, utilization, and stability of food sources, and is a basic pillar to health (Schmidhuber and Tubiello 2007). Taking preventative action to reinforce food security can bolster health and help populations be more resilient to extreme climate events (Tirado et al. 2013, 538). This thesis seeks to evaluate the specific health impacts of climate change on food security in the United States (US) and suggests actions that urban communities can take to mitigate these issues. Preliminary searches revealed conflicting beliefs about the net positive or negative effects of climate change on US agriculture. While several authors advocate for actions to make American agribusiness resilient to climate change, I suggest that this exploitative system is a part of the problem itself and offer urban community gardens as a legitimate alternative food system that can mitigate both climate change and food insecurity. Climate change is a global problem that affects populations at community levels, thus it is important to find scalable community-based solutions, so individuals can take active roles in defending their human right to food security in a rapidly change climate. Local projects can and should be scaled up to address these global issues. Based on the past success of World War II US Victory Gardens, it is feasible to support large populations with community led agriculture (Okvat and Zatura 2011, 384). Through urban community gardening, people can take an agentive role in combatting climate and food security issues that affect them personally but are often perceived as overwhelming on a global scale. References: Okvat, H. A., and A. J. Zautra. 2011. "Community gardening: a parsimonious path to individual, community, and environmental resilience." *Am J Community Psychol* 47 (3-4):374-87. doi: 10.1007/s10464-010-9404-z.

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Lena Zinner

Not By Biology Alone: An Analysis of Social Determinants of Health Amidst the Syrian War

Abstract:

Question: How does the war environment of Syria impact trajectories of mental and physical health among individuals?

The diagnoses, experience, and treatment of a specific illness relies not only on its biomedical properties, but is also heavily impacted by surrounding environmental factors. Treatment of mental and physical injury needs to be equitable-- or in other words understood, diagnosed, and treated within the context of the obstacles that patient faces. Due to Syria's current war, there is a serious health burden on the rise. Despite this, the number of physicians in Syria right now is increasingly low¹, meaning victims are often treated outside of the nation, by doctors who know significantly less about the environment. Much of this health burden is compounded and worsened by structural violence, or the idea that social structures can harm an individual by preventing basic needs.² This paper analyzes three forms of structural violence perpetrated by the war— crumbling infrastructure, bacterial resistance caused by remnants of weapons, and immense and consistent violence, and their subsequent effects on health. Literature reviews were conducted using search engines such as Pubmed, Sociological Abstracts, and Google Scholar. Search terms included war trauma, conflict, Syria, epigenetics, bacterial resistance, mental health and equity. Based on these reviews, it is evident that environmental factors prompted by the war have a significant negative impact on the health trajectories of individuals living there. The structural violence perpetuated by the war has complicated treatment of even simple afflictions meaning an analysis of the environment within treatment settings is critical. When taking a universal biomedical view of illness, crucial details pertaining to treatment may be overlooked. The current hostile climate of Syria provides an example of why health equity is a crucial perspective to take in any discipline within the health sciences, because of the immense role of the environment in shaping health outcomes both in the short and long term.

Works Cited

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