



# LAGHC

LOS ANGELES GLOBAL HEALTH CONFERENCE



**1/28/23**

**Moving towards Global Solidarity:  
Examining the shared impacts of COVID-19**





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LOS ANGELES GLOBAL HEALTH CONFERENCE



## 2023 Moving towards Global Solidarity: Examining the shared impacts of COVID-19

8:00 - 8:30 am	<b>Welcome</b> Grand Horizon Room
8:30 - 9:20 am	<b>Keynote 1 – Achieving Global Solidarity by Leading With a Health Equity Lens</b> Matifadza Hlatshwayo Davis, MD, MPH (virtual) Grand Horizon Room
9:20 - 9:30 am	Break
9:30 - 10:20 am	<b>Breakout 1</b> <b>How Are You, Really? The Impact of Covid-19 On Our Mental Health</b> Jessi Gold, MD, MS (virtual) #MentalHealth South Bay <b>Designing the World We Live Into: Developing Health Technology Peri-Pandemic</b> Kris Olson, MD, MPH, DTM&H (in-person) #HealthInnovation West Coast <b>A Time for Fear, A Time for Hope: Medical-legal Advocacy for Migrant Rights and Health During the COVID Pandemic</b> Joe Shin, MD (virtual) #SocialJustice North Ridge
10:20 - 10:30 am	Break
10:30 - 11:20 am	<b>Breakout 2</b> <b>The Future of Citizen-Scientist Collaboration</b> Diana (Berrent) Güthe, JD (in-person) #MentalHealth West Coast <b>COVID Vaccine Education in Underserved Communities</b> Rhonda BeLue, PhD, CQM/OE (virtual) #HealthInnovation South Bay <b>Abolitional Care - Public Health and the Work of Reparation</b> Eric Reinhart, MD, PhD (virtual) #SocialJustice North Ridge
11:20 - 11:30 am	Break
11:30 am - 12:30 pm	<b>Breakout 3</b> <b>Film Screening and Q&amp;A – Inin Niwe: The Plant Healer</b> Alexander Fish Grand Horizon Room <b>Advocacy Workshop</b> (Prior Signup Required) Nupur Agrawal, MD, MPH West Coast <b>Creative Art Presentations</b> Rotunda <b>Poster Presentations</b> South Promenade
12:30 - 1:30 pm	<b>Lunch</b> Terrace
1:40 - 2:30 pm	<b>Keynote 2 – Closing the Gaps: Increasing Global Health Equity for Women Through Innovative Programs for Cervical Cancer Prevention</b> Patricia Gordon, MD (in-person) Grand Horizon Room
2:40 - 3:30 pm	<b>Breakout 4</b> <b>Emergency Vaccination: Lessons Learned from Vaccine Advocacy in a Safety Net Health</b> Evan Rusoja, MD (virtual) #MentalHealth South Bay <b>The Impact of COVID-19: Examining the landscape of Telemedicine</b> Rashmi Mullur, MD (in-person) #HealthInnovation West Coast <b>Moving Towards Global Solidarity: Impacts of COVID-19 on Native Communities</b> Adriann Begay, MD (in-person) #SocialJustice North Ridge
3:40 - 4:30 pm	<b>Panels</b> Grand Horizon Room
4:30 - 5:30 pm	<b>Networking</b> Terrace



# Mission Statement

**Amidst the persistent devastation that the COVID-19 pandemic sparked across the world, we find ourselves in a new, opportune landscape for global health. With this new landscape, we can collectively work to dismantle the deep social inequities underscored by the pandemic, utilize novel solutions to improve healthcare delivery and lean on one another to support the mental well-being of our world as a whole**

## **Land Acknowledgement:**

The LAGHC Committee members at UCLA and USC acknowledge the Gabrielino/Tongva peoples as the traditional land caretakers of Tovaangar (the Los Angeles basin and So. Channel Islands). Beyond today's land acknowledgment, we invite you to learn more about the peoples indigenous to Los Angeles, through projects such as Mapping Indigenous LA.

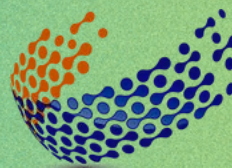


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# Conference Themes

1

## **Health-system equity, social justice, and public health infrastructure:**

The pandemic disproportionately impacted disenfranchised and vulnerable communities across the globe, highlighting the vast inequities that persist. As a result, we strive to move forward towards better advocacy, policy change, infrastructure development, and other efforts to reinforce global health security for members of these populations.

2

## **The window of opportunity for health technologies:**

The pandemic has revealed an urgent need for a more comprehensive approach to delivering health care, especially to communities with limited access. Digital health has had a vast impact on the delivery of care, transforming health and redefining the tools needed to create a healthier future. These advancements offer integrated care for whole populations in countries across the globe, providing the means to create a more inclusive healthcare system.

3

## **Making mental health and well-being a global priority:**

The pandemic unveiled a variety of mental and social dynamics that perpetuate ill-health (both mentally and physically). Thus, we seek to evaluate the psychological and social impacts of COVID-19 across the world, such as the effects on healthcare workers, the consequences of increased mistrust in healthcare, and the necessary steps to provide targeted psychological interventions and support for communities that were majorly affected by the pandemic.





## Dr. Matifadza Hlatshwayo Davis, MD, MPH

Dr. Matifadza Hlatshwayo Davis, MD, MPH, is the Director of Health for the City of St. Louis. Dr. Hlatshwayo Davis received her medical degree from Cleveland Clinic Lerner College of Medicine and a Master's in Public Health Degree from Case Western Reserve University. She completed her internal medicine residency at University Hospitals Case Medical Center. She went on to complete her Infectious Diseases fellowship at the Washington University School of Medicine (WUSM), also completing a one-year dedicated non-ACGME HIV fellowship and a two-year dedicated Sexually Transmitted Infections (STI) fellowship.

She was a Clinical Instructor, Associate Program Director of the Division of Infectious Diseases fellowship program and in the leadership of the Office of Inclusion and Diversity at the Washington University School of Medicine. She was also an Infectious Diseases physician at the John Cochran VA Medical Center where she was the Lead HIV Clinician, Graduate Medical Education Coordinator, and Outpatient Parenteral Antibiotic Therapy, supervisor. Her passion for community engagement, health equity, and patients living with HIV (PLWH), culminated in her becoming the co-chair of the Fast Track Cities initiative in St. Louis, and later appointed to the City of St. Louis Board of Health.

Dr. Hlatshwayo Davis is now a national and international medical contributor on COVID-19 with a particular focus on marginalized populations and has been featured in outlets such as CNN, BBC, Al Jazeera, MSNBC, and Newsweek, among others. She is also an Associate Editor for Disparities and Competent Care for the Infectious Diseases Society of America (IDSA).

## Keynote Speakers



## Dr. Patricia Gordon, MD

Patricia Gordon MD (Harvard '78, UCLA School of Medicine '82, Cedars-Sinai Internship '84) worked as a radiation oncologist in Los Angeles for 28 years. Her commitment to saving women's lives in the developing world brought her to an additional career as a non-profit leader and international women's health advocate.

Using the "See and Treat" method, she founded CureCervicalCancer in 2014, training local healthcare professionals to screen and treat women for cervical precancer. The organization has established 106 sustainable and ongoing CureCervicalCancer clinics in Kenya, Tanzania, Ethiopia, Nigeria, Haiti, Guatemala, Vietnam, and training programs in rural China – where help is needed most. In 2021, she was nominated as a Top 10 CNN Hero of the year for her efforts to fight the global epidemic of cervical cancer.

During the COVID-19 pandemic, CureCervicalCancer pivoted to an innovative & COVID conscious Mobile HPV (Human Papillomavirus) Testing & Treatment model. The HPV Testing & Treatment Mobile Clinic is the first of its kind to bring the most advanced cervical cancer prevention technology out of the healthcare facility and directly into the community, increasing access to care for women & reducing needless cervical cancer deaths in low resource settings.



# Mental Health Speakers



## **Dr. Jessi Gold, MD, MS** – 9:30 am - 10:20 am

is an Assistant Professor and the Director of Wellness, Engagement, and Outreach in the Department of Psychiatry at Washington University School of Medicine in Saint Louis. She is a nationally recognized expert on healthcare worker mental health and burnout (particularly during the pandemic), college mental health, using social media and media for mental health advocacy, and the overlap between pop culture and mental health, including celebrity self-disclosure. She works clinically as an outpatient psychiatrist and sees faculty, staff, hospital employees, and their dependents, particularly their college aged kids. Dr. Gold also writes for the popular press and has been featured in, among others, The New York Times, The Atlantic, InStyle, The Washington Post, TIME, and Self. Dr. Gold is a graduate of the University of Pennsylvania with a B.A. and M.S in Anthropology, the Yale School of Medicine, and completed her residency training in Adult Psychiatry at Stanford University where she served as chief resident.



## **Diana (Berrent) Güthe, JD** – 10:30 am - 11:20 am

was one of the first people in her area to test positive for COVID-19. While scrambling to get medical information and testing, she became an advocate and activist for herself and others. As a self-described “Canary in the COVID Coalmine,” she vowed to amplify her voice as she navigated through this virus odyssey. She documented both her illness and recovery through her Coronavirus Diary, giving the world a glimpse of her struggles and process. While in isolation, Diana launched Survivor Corps, a grassroots solution-based movement to mobilize the sharply increasing number of people affected by COVID-19 to come together, support and participate in the medical and scientific research community efforts and take a more active role in trying to mitigate this pandemic. Three weeks after the resolution of her symptoms, she was Participant #0001 in Columbia University’s clinical trial to recruit survivors to donate their blood and plasma. Diana tested negative for the virus and positive for the antibodies. As an added bonus, she is a Universal Donor, able to give her blood and plasma to those COVID-19 patients less fortunate - who either cannot create their own antibodies or who have rarer blood types that are more difficult to match. Diana’s goal now is to activate and enroll as many others to join Survivor Corps, the Peace Corps of the COVID Generation. We, as a community, can save lives. Our collective power could truly help stem the tide of this pandemic and assist in the national recovery.



## **Dr. Evan Rusoja, MD** – 2:40 pm - 3:30 pm

is an Emergency Medicine Attending Physician at Highland Hospital, Alameda Hospital, and San Leandro Hospital and is Medical Director of Acute Care Health Outcomes, a systemwide quality position, at Alameda Health System. A graduate of Brown University, Dr Rusoja received his MD from the Johns Hopkins University School of Medicine, PhD in Health Systems from the Johns Hopkins Bloomberg School of Public Health, and graduated from Highland Emergency Medicine Residency where he was a Chief Resident and then Quality and Safety Innovations Fellow. He also was a Barbara Jordan Health Policy Scholar in the office of then Senator Barack Obama and co-founded the non-profit Empowerment Health which continues to support maternal and child health in Afghanistan. His prior projects include health system strengthening in Afghanistan, Chile, and Uganda and he maintains an active interest in Systems Thinking/Complex Adaptive Systems, technology implementation in low-resource settings, community based healthcare, and data analytics.



# Social Justice Speakers



**Dr. Joseph Shin, MD** – 9:30 am - 10:20 am

is Assistant Professor of Medicine in the Division of Hospital Medicine at Weill Cornell Medicine and the Cornell Center for Health Equity. Dr. Shin is an educator, researcher and advocate with over 15 years of experience advancing health equity and human rights through medical-legal partnerships. He has worked with survivors of human trafficking and torture, refugees, asylum seekers, immigrants, justice-involved and incarcerated populations and other vulnerable groups to document the health-harming impact of systemic violence and marginalization while advocating for relief and accountability alongside legal-advocacy and human rights groups. He has worked to develop collaborations between medical and law schools, and also works closely with organizations like Physicians for Human Rights, ACLU, Legal Aid Society, NY Lawyers for the Public Interest and RFK Human Rights on individual advocacy, strategic civil litigation, and policy reform. He received his medical degree from New York University, where he also completed his residency in primary care/internal medicine and served as senior chief resident at Bellevue Hospital. Before coming to Cornell, he served as attending physician and clinical instructor at the Bellevue/NYU Program for Survivors of Torture. He is the recipient of the Legal Aid Society's Pro Bono Publico Award and New York Lawyers for the Public Interest's Felix A. Fishman Award for his work advancing health and justice.



**Dr. Eric Reinhart, MD, PhD** – 10:30 am - 11:20 am

is a political anthropologist of public health and law, psychoanalyst, and physician at Northwestern University. His published work has appeared in medical, health policy, law, and humanities journals and in various popular media venues. During the Covid-19 pandemic, he has focused on policy-oriented public health research to address 'carceral-community epidemiology' – that is, how the health and welfare of incarcerated people are always intertwined with that of broader communities. This work examines systemic prejudice in healthcare and legal systems, the uses of confinement and punishment in the US and internationally, and large-scale decarceration policies in relation to public health and safety, pandemic preparedness, and biosecurity. Putting research into practice, he collaborates with public agencies on the design and implementation of non-police community safety and violence-prevention systems, with a focus on building accompaniment-based community health worker and reentry programs to support individuals following release from jails and prisons and to repair communities harmed by decades of mass incarceration.



**Dr. Adriann Begay, MD** – 2:40 pm - 3:30 pm

Raised on the Navajo reservation, Adriann Begay is Tábaahi (Edge of the Water clan) and born for Bit'ahnii (Folded Arms People clan). Her maternal grandparents are Ta'néésahnii (Badlands People clan) and paternal grandparents are Tl'aashchí'í (Red Cheek People clan). Dr. Begay completed her undergraduate studies at the University of Arizona and received her medical degree from the University of North Dakota School of Medicine & Health Sciences through the Indians into Medicine program. She completed residency in Family Medicine at the University of Arizona and is a Diplomate of the American Board of Family Practice. Dr. Begay spent over 21 years working for the Indian Health Service both as a clinician and healthcare administrator. Her career is dedicated to elevating healthcare for American Indians/Alaska Natives and increasing the educational pathway for students who will come home and care for their Native people. Dr. Begay's service has included board member & president of the Association of American Indian Physicians, member on the American Medical Association (AMA) Minority Affairs Section, member on the AMA Foundation for Minority Scholars Award Selection Committee; and member of the Indigenous Health Education and Resource Taskforce (IHEART). In 2019-21 Dr. Begay completed the UCSF HEAL (Health, Equity, Action, and Leadership) Global Health Fellowship. Dr. Begay is currently employed as the Navajo Nation Senior Advisor with HEAL to assist in developing programs to increase the Native health care workforce; to assist in building relationships with organizations in the transformation of Native frontline healthcare workers; as well as, continuing direct clinical care to Native populations as a contract physician. She is the wife of an artist, mother of three and grandmother of ten.



# Health Innovation Speakers



**Dr. Kristian R. Olson MD, MPH, DTM&H** – 9:30 am - 10:20 am

is an Internist and Pediatrician and serves as the Vice President of Design Impact at the Mass General Brigham Integrated Health System where he leads the MGB Springboard Studio. He is a member of the Core Educator Faculty and the Chief Innovation Officer in the Department of Medicine's Residency Program at the Massachusetts General Hospital (MGH). He is also the Director of the Consortium for Affordable Medical Technologies (CAMTech) through the MGH Center for Global Health and is an Associate Professor at Harvard Medical School. He has worked extensively in low and middle-income countries as well as the US to develop innovative solutions to healthcare challenges utilizing design-thinking. Kris is a serial innovator, has several patents, a licensed technology, and has started both non-profit and for-profit ventures to accelerate ideas to implementation. He completed an undergraduate degree in biology at the University of British Columbia, medical school at the Vanderbilt University School of Medicine and his residency training in the Combined Harvard Medicine and Pediatrics Program. He trained in the Masters of Public Health program at the University of Sydney as a US Fulbright Scholar and completed a Diploma in Tropical Medicine at the London School of Hygiene and Tropical Medicine.



**Dr. Rhonda BeLue, PhD CQM/OE** – 10:30 am - 11:20 am

is a Professor in the Department of Public Health at the University of Texas, San Antonio. Her work focuses on improving health care access and promoting healthy behaviors in families and organizations in black/BIPoC communities in the US and global south. She has dedicated her career the elimination of health inequities and advocating for social justice. She takes a holistic approach to advocating for social justice, including community-based participatory research approaches to addressing health disparities and participating and supporting for black, indigenous and diverse cultural arts activities and serving local organizations that serve African American and BIPoC communities. She has also worked as a local public health practitioner in Nashville, TN where she served as the director of the research and evaluation unit and the liaison between the Nashville Metro Public Health Department and local community and academic institutions. She has extensive experience in procuring funding for academic and community-based organizations and has expertise in evaluating community based programs and interventions and organizations development in community-based organizations. She holds a master of statistics and a PhD in Policy Analysis & Management from Cornell University and Graduate Certificates in Organizational Leadership and Development from St. Louis University.



**Dr. Rashmi Mullur, MD** – 2:40 pm - 3:30 pm

is an Associate Professor at the David Geffen School of Medicine, the Chief of Telehealth for the VA Greater Los Angeles, as well as the Education director for the UCLA Integrative Medicine Collaborative. She is a board-certified internist, endocrinologist, integrative medicine practitioner, and certified yoga instructor. She serves on the Academy of Integrative Health and Medicine (AIHM) BIPOC committee to promote health equity in integrative medicine and whole health. Dr. Mullur has been practicing yoga since childhood and has been incorporating yoga into clinical care as a physician. Her clinical practice is focused on the use of mind-body techniques, integrative approaches, and remote monitoring tools in the management of chronic disease. She is inspired by the opportunity to leverage digital health technology to advance healthcare. As a medical educator, she has published several curricula in integrative medicine and is bringing integrative medicine into the curriculum at DGSOM.



# Advocacy Workshop



**Dr. Nupur Agrawal, MD, MPH** – 11:30 am - 12:30 pm (Prior Signup Required)

Dr. Nupur Agrawal is an Assistant Professor of Internal Medicine and Pediatrics at UCLA and practices primary care at the UCLA Medicine-Pediatrics Comprehensive Care Clinic in Santa Monica, California where she provides personalized, compassionate, and comprehensive care to patients of all ages. Her clinical interests are broad and include primary and preventive care for all patients, adolescent medicine, advocating for improved access to healthcare as well as for human rights, and resident and medical student education. She is also a member of the UCLA Gender Health Program and provides primary and gender-health-related care to transgender and gender-diverse patients.

Dr. Agrawal received her undergraduate degree in Economics with a minor in Biological Sciences from Cornell University, her Master of Public Health degree in Healthcare Management from Columbia University, and her MD from the University of Texas Health Science Center at San Antonio. She completed her combined residency training in Internal Medicine and Pediatrics at the Baylor College of Medicine and Texas Children's Hospital in Houston, Texas.

During this session we will be learning and engaging in hands-on skills to advocate for social justice issues and more.

## Film Screening + Q&A

### Inin Niwe: The Plant Healer



**Alexander Fish** – 11:30 am - 12:30 pm

Alexander Fish is a prospective medical student and documentary filmmaker from San Francisco. After graduating Princeton in 2019 with a degree in neuroscience and a minor in Latin American Studies, Alexander worked in healthcare consulting and completed a postbac at Columbia University, during which he volunteered as a clinical research assistant at the Columbia Center for Eating Disorders. Currently, Alexander works as a research assistant in UCSF's Translational Psychedelic Research Program and as a biotechnology investor for an international venture capital fund.

In 2017, Alexander took a leave of absence from Princeton in order to create two documentary films focused on alternative approaches to treating mental illness in Peru and Argentina. Alexander's first film, *Inin Niwe: The Plant Healer*, being screened at LAGHC, tells the story of Pedro. Originally from Lima, Pedro is a healer who utilizes ayahuasca ritual practices taught to him by his in-laws, members of the Shipibo-Conibo community of Eastern Peru. The film considers how concepts of identity and westernization impact an ancestral medical practice, particularly as relates to treating trauma and mental health in an indigenous community. Alexander's second film, currently in post-production, observes a patient-run radio show within a large public psychiatric hospital in Buenos Aires.

While in medical school, Alexander hopes to further his passion for storytelling and narrative medicine in order to amplify patient voices and impact key decision makers within the global healthcare ecosystem.



# Our Leadership



## **Oladunni Alomaja, Co-Director**

Ola (She/her/hers) is a first-year medical student at UCLA David Geffen School of medicine. She was born and raised in Lagos, Nigeria, and moved to the United States in 2013. She graduated from the University of Pennsylvania with a degree in Bioengineering and a minor in Chemistry. During her undergraduate career, she became involved in global health and reform after her service trip to Rwanda and exchange program in Germany. After college, Ola relocated to Liberia, where she co-founded Rebound Liberia, a non-profit organization that seeks to address gender inequalities, promote education and cultivate empowerment in young women through sports, academic excellence, and personal development. In her free time, Ola loves to cook traditional Nigerian food, sing, exercise, and explore L.A.



## **Ahaana Singh, Co-Director**

Ahaana (she/her/hers) is a first-year medical student at UCLA David Geffen School of Medicine. She received her BA in Public Health at the University of California, Berkeley and an MSc in Global Health at Georgetown University. During her undergraduate years, she founded Afi Health, a health education non-profit which worked to bridge the knowledge gap between young patients and their ailments. This framework was translated to her work with refugee and migrant populations on Leros, Greece, where she assessed opportunities for dental-, sanitation-, and hygiene-related health education interventions amongst migrants. During her graduate studies, Ahaana pursued research in Navrongo, Ghana where she assessed the knowledge, attitudes, and behaviors regarding hypertension prevention and treatment amongst adults. This project aimed to highlight opportunities for educational and engagement interventions to mitigate rises in hypertension incidence and mortality. In her free time, Ahaana loves cooking, trying new foods, and watching TV with her dog!



## **Dona Syriani, Logistics Committee Chair**

Dona Syriani (she/her/hers) is a first-year medical student at the David Geffen School of Medicine at UCLA. She got her bachelor's degree in Psychobiology from UCLA while minoring in Digital Humanities. She was born and raised in Syria, moved to the United States ten years ago, and spent most of the last two years in Damascus, Syria. During these two years, Dona was working with Caritas Syria, an NGO focused on helping people who are most affected by the war and the pandemic (under the Caritas Internationalis INGO umbrella). While in Syria, she also worked with Rural Damascus Medical Emergency Relief Team as a medical assistant doing home COVID-19 visits accompanied by physicians. During her undergraduate time, she advocated for social justice and the destigmatization of mental illnesses through the Life Sciences Student Association. Dona hopes to continue her work in Global Health and one day join Doctors Without Borders to help in conflict zones and countries affected by endemic diseases. In her free time, Dona enjoys swimming, hiking, stippling, and hanging out with her newly adopted cat!



## **Giovanni Gamalong, Public Relations Committee Chair**

Giovanni Gamalong (he/him/his) is a first-year medical school at UCLA David Geffen School of Medicine. He graduated from Northwestern University studying Chemistry and Global Health Studies. During his undergraduate years, he was involved with GlobeMed at Northwestern. In GlobeMed, he was the campaigns co-director where he helped fundraise for their partner organization, Adonai in Namugoga, Uganda. He studied abroad in Mexico City to study public health. After graduating, Giovanni worked at The Fund for Global Health. He worked with the Illinois chapter to advocate for increased funding for Tuberculosis treatment worldwide. He is also passionate about education and fulfilled his Fulbright fellowship as an English Teaching Assistant in Bulgaria during his second gap year. Giovanni is extremely passionate about global health and he is very excited to help plan this year's in-person conference for the first time since 2020. In his free time, he loves traveling, going to the beach, hiking, running, singing, and hanging out with friends.



## **Raeven Grant, Speaker Committee Chair**

Raeven Grant (she/her/hers) is a Jamaican-American first-year medical student at UCLA David Geffen School of Medicine. She earned her bachelor's degree in neuroscience from Yale University, with a special emphasis on the neuroscience of mindfulness. During her undergraduate career, she was named a Franke Fellow in Science and the Humanities and studied the portrayal of women in American and Brazilian news media during the Zika Epidemic. After graduating, Raeven moved to Uberlândia, Brazil to complete a Fulbright English Teaching Assistant grant. Her fellowship ended early due to the pandemic, so she moved to Baltimore where she worked at the Johns Hopkins Center for Immunization Research for two years. There, she coordinated the Pfizer COVID-19 pediatric trial and a BCG vaccine trial for cystic fibrosis patients. She also served as project manager of a Gates Foundation policy roadmap looking at the design of a Hepatitis E Virus vaccine study in pregnant people. She is passionate about education, mentorship, and alleviating health disparities globally. Raeven spends her free time playing tennis, exploring the West Coast, being a new plant mom, and trying new cuisines.



# Our Leadership

## Speaker Committee

Gianna Mousalimas



Kawsar Nasir-Ahmad



Ahmad Alach



Ezi Ogbuli



Matthew Kuloszewski



Ashley Tran

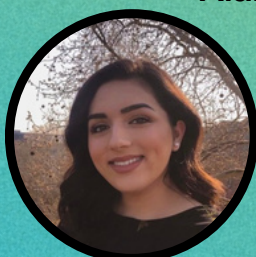


Srushti Patil



Sofia Ufret-Rivera

Aleeyaa Alam



Reeta Mai



Kaavian Shariati



## Public Relations Committee

Madeline Reyes



Jessica Santos



Margarita Kolchina



Christina Longmire



Zahra Amiri



## Logistics Committee

Amanda Piring



Oluwatobi Faith Oladimeji  
Kimberly Gonzalez  
Karma Sweedan  
Anju Kane  
Hailey Shoemaker  
Sephrine Achesah



# Presenters



**Jonathan  
Mina Ragheb**

Kaiser Permanente  
Bernard J. Tyson School  
of Medicine

MS1

jonathan.m.ragheb@kp.org

## The intersectionality of race and discrimination and its effect on health of the Coptic diaspora in the United States

**Introduction** - The Coptic people are an ethnoreligious group indigenous to Egypt who have, in the face of persecution, emigrated in massive numbers since the 1950s. However, no prior studies have investigated the health outcomes of the Coptic diaspora. This study aims to shed light on this diaspora's experiences as a minority group and subsequent effects on health. Particular relationships of interest are those that have been identified in similar communities: the increased perception of discrimination among Black identifying individuals compared to that of non-Black identifying individuals, the association between discrimination and mental health, and the effect of racial identity on physical health. **Methods** - This cross-sectional survey-based study was conducted by means of a secure and anonymous Qualtrics form that was distributed to Coptic Orthodox churches throughout the United States. The survey collected information on self-reported general physical and mental health status (GPHS and GMHS), racial identification, and the Everyday Discrimination Scale (EDS) which assesses perceived discriminatory experiences.

**Results** - After disqualifying incomplete surveys, non-Coptic identifying participants, and participants under 18, the final participant sample size was n=511. Analysis yielded statistically significant relationships between racial identification and GPHS (Wilcox p-value<.05), racial identification and EDS where Black participants scored higher than non-Black participants (Wilcox p-value<<.05), and a negative correlation between EDS and GMHS (Kendall/Spearman correlation coefficient -0.17/-0.21). All other analyzed relationships were illustrative but not statistically significant.

**Conclusions** - To the author's knowledge, this is the first study of its kind to report on the relationships among racial identification, health, and discrimination in the Coptic diaspora. The results, as a whole, begin to show the complexity of how racial identity impacts the Coptic immigrant community. However, as the diaspora continues to grow, it is increasingly important to understand how racial identity contributes to Copts' health and experiences.



**Derek  
Chang**

University of California,  
Irvine

Y3

ddchang1@uci.edu

## Indicators of Perception and Intention Regarding Facemask-Wearing Among Adults Aged 18 to 30 with Perspectives from the Theory of Planned Behavior

Correct adherence to facemask-wearing is an effective way to prevent the spread of SARS-CoV-2. Facemasks have demonstrated high efficacy in preventing the spread, suspension, and deposition of aerosol droplets in shared spaces. Throughout the COVID-19 pandemic, the topic of facemasks is often raised in public and political dialogue. The government implementation of mask mandates in public spaces triggered a small but vocal portion of the population to protest in defiance. Perception and attitudes towards masks have been a widely investigated area, however, existing literature lacks studies exploring the facemask perception and attitudes among younger adults. This study uses surveys to collect quantitative data for linear regression analysis and path analysis to establish associations between the different constructs of the Theory of Planned Behavior and the resulting intention and behavior. The Theory of Planned Behavior was designed to assert the importance of behavioral beliefs, normative beliefs, and controlled beliefs in shaping an individual's intention, which correlates to an actual behavior. Given the high incidence rate of COVID-19 among young adults during the summer of 2020, understanding their facemask-wearing behavior is imperative in identifying factors that facilitate mask-wearing compliance. This study identifies key demographic and cognitive variables that influence a young adult's intentions and behaviors surrounding facemasks. 83.33% of survey responses reported positive perception on facemasks and 92.86% reported adherence during the pandemic, with peer influence being the biggest indicator of compliance. There is a nuanced picture of attitudes among young adults regarding mask mandates, personal freedom, and the likelihood of wearing facemasks for future disease outbreaks.



**Preeti  
Kakani**

UCLA, David Geffen  
School of Medicine

MS4

pkakani@mednet.ucla.edu

## Increasing cervical cancer screening at a non-government medical center in Lilongwe, Malawi

**Background:** Malawi has the highest incidence of and mortality rate due to cervical cancer in the world. This is largely because of inadequate screening and high rates of human immunodeficiency virus (HIV) infection, which greatly increases cervical cancer risk. We describe the implementation of a quality improvement program to increase use of cervical cancer screening at a non-government medical center in Lilongwe, Malawi. The intervention, developed and launched from March to August 2017, aimed to promote education among patients and clinicians about the importance of cervical cancer screening and improve accessibility of screening information within medical records. **Methods:** Visual inspection with acetic acid (VIA) was used to screen for cervical cancer. Women with a positive VIA were offered treatment using thermocoagulation.

**Results:** The number of VIA screenings conducted in 2016 (pre-intervention), 2017 (intervention), and 2018 (post-intervention) was 125, 234 and 456, respectively. Of the 815 women screened during this period, 36 (4.4%) had a VIA-positive result and 12 (1.5%) had suspect cancer. Of the VIA-positive women, 13 (36.1%) received same-day treatment with thermocoagulation. An interrupted time series regression revealed that there was a sustained increase in monthly screenings between the pre- and post-intervention period ( $\beta = 30.84$ ;  $p = 0.006$ ; 95% CI 9.72–51.97), suggesting that the intervention likely was effective in increasing cervical cancer screening.

**Conclusion:** Our results demonstrate that focusing on developing sustainable solutions and improving system processes, without additional equipment or funding, significantly increased the number of women screened and should be considered in other settings to enhance cervical cancer prevention services.





**Nafisa Wara**

**UCLA, David Geffen School of Medicine**

MS2

nwara@mednet.ucla.edu

## Preferences and Theoretical Acceptability for Long-Acting PrEP Agents Among Pregnant and Postpartum Women with Experience Using Daily Oral PrEP in South Africa and Kenya

**Background:** We evaluated long-acting PrEP preferences and acceptability among oral PrEP-experienced pregnant and postpartum women in South Africa (SA) and Kenya.

**Method:** From September 2021 to February 2022, we surveyed HIV-negative pregnant and postpartum women enrolled in ongoing PrEP studies in Cape Town, SA and Western Kenya. We evaluated oral PrEP attitudes and preferences for future PrEP methods. We report descriptive participant responses and use chi-square and Fisher's Exact tests to compare responses between countries.

**Results:** We surveyed 190 SA women (67% postpartum; median age 28y; IQR 28-32) and 204 Kenyan women (79% postpartum; median age 25y; IQR 25-33). Overall, 49% of participants reported negative oral PrEP attributes, including side effects (21% SA, 30% Kenya) and pill burden (20% SA, 25% Kenya). Preferred PrEP attributes included long-acting, effective, and safe while pregnant and breastfeeding. Most participants (87% SA, 88% Kenya) preferred oral PrEP over a potential long-acting vaginal ring, mostly due to discomfort with vaginal insertion (82% SA, 48% Kenya). Most participants (74% SA, 76% Kenya) preferred a potential long-acting injectable over oral PrEP, primarily for longer duration of effectiveness in SA (87% SA, 42% Kenya,  $p < 0.001$ ) versus discretion in Kenya (5% SA, 49% Kenya,  $p < 0.001$ ) (Table). Participants were interested in community PrEP delivery but more frequently in SA (59% SA, 25% Kenya,  $p < 0.001$ ), due to increased convenience (54% SA, 38% Kenya,  $p = 0.06$ ) and reduced potential stigma particularly in Kenya (1.8% SA, 38% Kenya,  $p < 0.001$ ). Privacy was cited by most participants preferring clinic pick-up (75%, SA and Kenya).

**Conclusion:** PrEP-experienced pregnant and postpartum women expressed long-acting PrEP and community delivery preferences, emphasizing the importance of increasing contextually-specific options and choice for PrEP modalities and delivery.



**Hailey Shoemaker**

**Kaiser Permanente Bernard J. Tyson School of Medicine**

MS2

hailey.b.shoemaker@kp.org

## Sanitation Practices in Five Hospitals in Ngaoundere, Cameroon: Stories and Observations from the Field

**Introduction:** Rates of hospital-acquired infection (HAI) in Cameroon are comparable to those of high-income countries with higher mortality rates. Sanitation practices recommended by the CDC to prevent HAI may be impractical in this environment. Limited adherence to standard surgical scrubbing technique and surgical site infections in Ngaoundere have been described, but little information is available on general sanitation adherence. In this qualitative survey, we visited 5 Ngaoundere health centers to observe and elicit staff perspectives on hospital sanitation practices.

**Objectives:** 1. Explore staff members' perspectives on sanitation policy, employee training, hand hygiene, PPE, environmental sanitation, and instrument sterilization; 2. Elicit barriers to maintaining sanitation; 3. Observe hospital surgical instrument sterilization.

**Methods:** Nine staff members from five health centers in Ngaoundere were interviewed from November 2019 to January 2020 using a subset of the CDC's Infection Prevention and Control Assessment Tool (2016). When possible, each hospital's instrument sterilization procedures and treatment areas were observed.

**Results:** Only 2/5 hospitals had a team dedicated to hospital sanitation. All hospitals' policies included handwashing with soap and water or hydroalcoholic solution between patients. Alcohol pumps/stations for staff were not visible at 4/5 sites. 4/5 hospitals had no official PPE training and glove supply was variable. In at least 2 hospitals patients paid for staff gloves. Trash, including sharps, was incinerated. In 3/5 hospitals walls and working surfaces were washed with bleach, soap, and water. Barriers included a lack of running water, supervision of sanitation activities, and financing. Most (3/5) hospitals had observable autoclaves; one clinic sent their equipment for sterilization at another hospital. 4/5 hospitals cleaned surgical tools in bleach solution before autoclaving.

**Conclusions:** Local Ngaoundere hospitals face many challenges in the implementation of basic sanitation practices. Staff member education and provision and maintenance of hydroalcoholic solution hand dispensers are possible low-cost first steps.



**Nicole Johnson**

**UCLA, David Geffen School of Medicine**

MS1

njohnsen@mednet.ucla.edu

## The Effects of Improvisational Dance Therapy on Joint Mobility in Ghanaian Youth with Cerebral Palsy

A four-week dance therapy study was conducted in Ghana, Africa to analyze the effects of the IMPROVment method, an improvisational dance therapy technique, on joint mobility in Ghanaian youth with Cerebral Palsy (CP). IMPROVment, when tested with people with mild-to-moderate Parkinson's disease, showed statistically significant improvements in gait, balance, and psychosocial factors. The aim of this project was to evaluate the effectiveness of this technique on increasing the range of motion in Ghanaian youth with CP. At the core of the IMPROVment method is the principle of "improvisation", where an auditory prompt cues the participants to perform a movement based on their interpretation of the prompt. Movement classes were administered 3 days a week for 4 weeks and lasted for 1 hour per class. 22 children ages 2-12 with CP were seated for each class, given auditory prompts, and participated by responding with improvisational movements. Caregivers for each child were also present to ensure child support and safety. Measurements were gathered at 5 time periods: before classes began (for initial baseline measurements) and at the conclusion of each week. To quantify changes in the children's range of motion a variety of information was recorded including basic information (age, sex, years of physical therapy before study, general cognitive ability), CP distribution, range of motion measurements (for shoulders, elbows, wrists, hips, knees, and neck), and a gross motor function test. In all 22 participants, at least 20 of the 22 joint parameters analyzed showed statistically significant improvements in joint mobility. CP distribution was the most significant factor affecting improvement in joint mobility. Furthermore, children ages 5-12 had the greatest improvement in overall joint mobility, while children under that age group did not improve as drastically. Further research is needed to determine if these effects are sustainable and how they vary with confounding factors.





**Bingya  
(Allison) Ma**

University of California-  
Irvine

PhD Y2

bingyam@hs.uci.edu



**Melinda  
Wang**

UCLA, David Geffen  
School of Medicine

MS4

melindaw@g.ucla.edu

**Etoile  
Nelson**

UCLA

Y4

annien9@g.ucla.edu

## Racial disparities in the clinical prognosis of gastrointestinal cancer patients with COVID-19: a retrospective study in UC CORDS

Introduction: Cancer patients are highly vulnerable to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Few studies have examined racial disparities of clinical prognosis among gastrointestinal (GI) cancer patients with COVID-19, especially after the approval of COVID-19 vaccines.

Objectives: To examine whether there was a racial disparity in the rate of hospitalization, mechanical ventilation, and mortality among GI cancer patients with COVID-19 and whether health-related factors, such as vaccination status and body mass index (BMI), were potential risk factors.

Methods: We conducted a retrospective study based on the University of California COVID Research Data Set (UC CORDS). Patients aged  $\geq 18$  with GI cancer as well as SARS-CoV-2 infection between March 10, 2020 through May 8, 2022, were included. We examined racial disparities using multivariable logistic regression.

Results: Among the 1,054 GI cancer cases included, 117 (11.1%) patients were Asian and Pacific Islander, 51 (4.8%) were Black patients, 377 (35.8%) were Hispanic patients, 403 (38.2%) were White patients and 106 (10.1%) belonged to other or unknown races. Fully adjusted logistic models revealed a significantly increased risk of COVID-19-related hospitalization or emergency room visits among the Black (OR=2.26, 95% CI=1.08-4.70), the Hispanic (OR=2.24, 95% CI=1.48-3.39), and the patients of other or unknown races (OR=1.80, 95% CI=1.00-3.26) compared with the White patients. No significant racial disparities in 30-day all-cause mortality and mechanical ventilation rate were found. Vaccination, age, cancer type, recent cancer diagnoses in UC CORDS, metastatic cancer or secondary malignant neoplasm, and Charlson Comorbidity Index score were associated with the prognosis of GI cancer patients with COVID-19.

Conclusions: GI cancer patients belonging to racial minorities experience worse COVID-19 outcomes. Vaccination status is a crucial factor associated with GI cancer patients' prognosis among different race/ethnicity groups. Targeted communication in the context of cancer is needed to encourage vaccination uptake in this vulnerable population.

## The Ethics of Organ Transplant Allocation: Perceptions & Realities

Introduction/Background: The political sensitivity of organ procurement for transplant surgeries in China has delayed the development of official organ allocation systems. Only in the past decade has the China Organ Transplant Response Systems (COTRS) been developed to provide the most current national guidelines. Owing to China's unique ethical and cultural underpinnings, the recommendations laid out in COTRS may differ from those provided by the U.S. DHHS. This study sought to 1) find the exact inclusion and exclusion criteria of the COTRS allocation system, and 2) elicit the views of healthcare professionals in China – as informed by cultural perspectives – on what they deem to be justifiable as inclusion and exclusion criteria.

Methods: This observational study took place in Shanghai, China, and was conducted via private interviews of 24 healthcare professionals using a standardized questionnaire.

Results: COTRS' official inclusion criteria in determining the transplant waitlist order are registration order ("first come first serve"), age, HLA compatibility (for mainly kidney transplants) or blood type compatibility (for liver transplants), and severity/urgency of disease. Subjectively, the HLA/blood type compatibility criterion received overwhelming support as the most important, followed by severity of disease and quality of life after transplantation. Patients' societal contributions and VIP status were deemed the least important.

Conclusion: COTRS' inclusion and exclusion criteria bear resemblance to the official recommendations by the U.S. DHHS, and demonstrate allegiance to international guidelines. The more objective criteria are weighed more heavily than the more subjective criteria. The personal views of those interviewed suggest that ensuring greater objectivity in the allocation process would introduce less personal bias on the part of the physicians and defend the principle of justice.

## Gun Violence Against Children in the United States

Gun violence has long been neglected as a public health issue which violates the human rights of its victims, resulting in death and lasting morbidity. The global incidence of gun violence has increased dramatically in recent years, especially during the COVID-19 pandemic. This issue is of particular concern in the United States (US), which has the greatest burden of firearm-related injury of any high-income country. Firearm-related injury has become the leading cause of death for children below the age of 18 and adolescents aged 18-19 in the US, causing nearly 6 deaths per 100,000 children and adolescents. African American children in the US disproportionately experience gun violence and are four times more likely to die from a firearm compared to their white counterparts. The impact of childhood exposure to gun violence is lifelong, adversely affecting learning and mental and physical health. The United Nations (UN) Universal Declaration of Human Rights, UN Convention on the Rights of the Child (CRC), and UN Sustainable Development Goals will be used to guide our analyses and inform recommendations directed at mitigation of gun violence against children. Our objectives are to: 1) Define and analyze the problem of gun violence against children in the US from a human rights perspective, and outline its magnitude and impact on children; 2) Recommend potential interventions and future research aimed at decreasing future gun violence against children. Our primary recommendations are to: ratify the UN CRC in the US, enshrining an internationally recognized standard which will serve as a basis for comprehensive gun-law reform; work with the UN Special Representative for the Secretary-General on Violence Against Children (SRSG) to set legislative and policy goals; increase government funding for future gun-violence research; and increase implementation of community-based gun-violence intervention programs.





**Rachel Xu**



**Sartaj Bal**

UCLA Y3  
externalrelations.maiatucla@gmail.com



**Kate Coursey**

Kiranmayee Muralidhar,  
Vijaya Srinivas, Poornima Jaykrishna, Fazila Begum, Rashmi Pramatesh, Sung-Jae Lee, Purnima Madhivanan

UCLA, David Geffen School of Medicine  
MS4

Kcoursey@mednet.ucla.edu



**Tyolo DH**

Marie Tour, Princess Cerventes, Alysia D'aguiar, Kayla Minor, Rosalina Ramirez, Emily Bedolla, Gavin Ghandhi

Loma Linda University School of Public Health  
mtoure@students.llu.edu

## Encouraging Health Equity and Medical Sustainability During the COVID-19 Pandemic via a Novel Redistribution Process

Due to hospital disposal policies following discharges or surgeries, millions of dollars of unused supplies are discarded as medical waste and their incineration creates significant air pollution, harming our environment (Gale). From March 2020 to November 2021, 87,000 tons of PPE were acquired internationally for COVID-19 relief, yet the majority ended up as waste (WHO). UCLA Health itself produced 35.1 million pounds of medical waste between 2020 and 2022 (UCLA Health). To address this, Medical Aid Initiative (MAI), an undergraduate organization at UCLA, collects excess medical supplies from the UCLA Health system that would have otherwise been thrown away and distributes them for no cost across the world to under-resourced regions, giving them a new life. Any entity affiliated with UCLA, most often International missions, screening programs, and local laboratories, can examine MAI's warehouse inventory and complete our donation request form to obtain supplies. MAI has donated over 6000 pounds in supplies and saved \$370,000 since its inception in 2018. During the peak of the pandemic, MAI still maintained an impact through its donations. Domestically, the majority of our inventory was used in Los Angeles by UCLA Health staff to provide necessary care, and internationally, MAI supplied donations to Beirut after the tragic explosion, Haiti after the earthquake, and Ukraine following the Russian invasion. Not only has the COVID-19 pandemic created a proliferation of medical waste, it has proved that the earth is more fragile than it may seem. With the rising climate crisis, now is the time to understand the importance of sustainability in all fields, but especially healthcare and medicine. The significant inequalities in medical supply distribution have only exacerbated since COVID-19, yet MAI's medical waste redistribution answers the call for health equity while simultaneously considering the environment.

Prepared in collaboration with Angela Harrington, Anirvin Bommaraju, Diana Diep, Dorsa Zahedi, Eesha Shankar, Jonah Nahoul, Molly McAndrew, Rhea McKenzie, Shiley David, Achyutha Kodavatikanti, Ashna Kumar, Ginny Ghang, Harsimer Bal, Lisa Yan, Naren Ramesh, Thalia Nguyen, Sydney Laramie

## Knowledge and acceptability of HPV vaccination for young adult women in rural Mysore District, India: a qualitative study

**Background:** India has the highest number of estimated deaths from cervical cancer, with most cases attributed to Human papillomavirus (HPV), a sexually transmitted infection (STI). The WHO recommends primary HPV vaccination for girls ages 9-14, with catch-up vaccination for young women ≥15 if cost-effective. In 2022, India authorized a new, inexpensive HPV vaccine; given anticipated vaccine expansion, we qualitatively explored potential barriers/facilitators to catch-up vaccination for women ages 18-26 in rural India. Perspectives were elicited from women and men, who may influence women's vaccine uptake.

**Methods:** Gender-stratified, audio-recorded focus group discussions (FGDs) were conducted with men and women ages 18-26, recruited from randomly selected villages in Mysore District. Participants received education about cervical cancer and HPV during FGDs. Audio recordings were transcribed, translated to English, and analyzed using rapid analytic approach.

**Results:** Fifty-two young adults (female=31, male=21) participated in seven FGDs. Average age was 23, 65% were married, and all completed high school. Only 28% had heard of cervical cancer, and 6% knew of the HPV vaccine. Several potential barriers to HPV vaccination for young women emerged: 1) fear of side effects, particularly infertility; 2) cost; 3) low perceived risk of HPV for unmarried women; and 4) STI-related stigma. Facilitators included 1) vaccine recommendation from trusted community persons, particularly community health workers, rural childcare center teachers, and doctors; 2) vaccine administration at government centers instead of private clinics; and 3) support from parents, husbands, and in-laws. Themes were similar between men and women; men additionally expressed trust in village chiefs' recommendations.

**Conclusion:** Participants demonstrated poor knowledge of cervical cancer and HPV, highlighting the need for awareness campaigns that target young women and families, address safety concerns, and mobilize local stakeholders. Providing free HPV vaccination at government centers through India's national immunization program would maximize catch-up vaccination among rural young women.

## A Global-Local Collaboration Addressing Malnutrition in Thyolo, Malawi

**Introduction:** Malnutrition is an extensive issue across Sub-Saharan Africa and Malawi is no exception. Food insecurity is closely tied to malnutrition, and, for 5.4 million Malawians, it is fueled by poverty, climate change, and poor policy. There is an ongoing collaboration between Loma Linda University School of Public Health and the Nutrition Departments of Malamulo Adventist Hospital and Thyolo District Hospital to assess the problem and produce relevant recommendations.

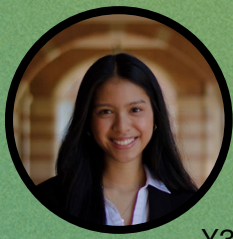
**Objectives:** The pivot of this project was to measure household livelihood, food security, and food intake among the four villages of Heleman, Kachimanga, Kang'oma, and Tomasi, and to assess the nutrition levels of children attending Nagwengwere Primary School.

**Methods:** A cross-sectional study was conducted using the following as data collection tools: household surveys, school nutritional assessments, and ArcGIS Survey123. Descriptive statistics were rendered using SPSS version 28 and results were categorized for each village for the household surveys and each age group for the nutritional assessments.

**Results:** Data from 383 household representatives showed that food insecurity was more prevalent among households whose primary providers achieved a low level of education. Number of people in the household and eating practices also play a role, as well as food knowledge. Additionally, data from 1,191 students revealed that older children went to school without breakfast more often, and they experienced more wasting than younger students.

**Conclusion:** We concluded that educational programs to diversify the food intake and enhance farming practices would be beneficial to address the issue in the community. Moreover, implementing a sustainable school feeding program and partnering with existing nutritional efforts would ease the burden of feeding children among families.





Y3

**Amanda Piring**

Y4

**Omar Selim**

John Villanueva, MD

UCLA

atpiring@g.ucla.edu

## Increasing Urine Drug Screening Compliance Following the Return to In-Person Visits

**Introduction:** Urine Drug Screenings (UDS) are an integral part of pain management that allow providers to monitor patients' use of prescribed medications and detect use of illicit substances. It is part of risk stratification prior to starting opioid therapy and provides an objective measure of compliance. The COVID-19 pandemic had a significant impact on healthcare delivery, with notable effects on the administration of UDS. As a result of the increase in Telehealth visits, the capacity to perform UDS was limited. Upon transitioning back to in-person visits, UDS compliance notably decreased. Thus, an effective means of raising UDS patient compliance, following the return to in-person visits, is essential to ensuring the health of patients.

**Objective:** This study aimed to investigate the efficacy of implementing a new patient-physician agreement form in improving clinic UDS compliance rates. The form clearly outlined the importance of UDS compliance and the expectations for patients prescribed a controlled substance.

**Methods:** All patients prescribed any controlled substance at Dr. John Villanueva's Pain and Spine Management clinic were given an agreement form to acknowledge their responsibility to perform random UDS. Data compared compliance rates prior to the implementation of the new agreement form (May-June 2022) and after its implementation (September-October 2022).

**Results:** In the pre-intervention period, 18 out of 62 patients were compliant, yielding a compliance rate of 29.03%. In the post-intervention period, 29 out of 38 patients were compliant, yielding a 76.32% rate. Using a chi-square test, the p-value was found to be less than 0.001%.

**Conclusions:** Since the p-value was less than 5%, the difference in compliance rates was significant. Evidence shows that informed, clearly communicated agreement forms increased UDS compliance. As physicians transition back to in-person visits, these quality improvement measures can be helpful tools for bettering patient-physician communication and providing higher-quality care.

## Rebuilding Menstrual Health Education: Overcoming Pandemic Losses through Adaptive Collaboration and Partnership

Accessing menstrual hygiene management (MHM) resources remains a barrier to education for students who menstruate in many low-income countries. Affected students may permanently withdraw from school, contributing to low female participation in education. In Uganda, where our partner organization, the Mpoma HIV/AIDS Initiative, is located, the gender disparity in educational access and low menstrual health literacy have been exacerbated by the ongoing COVID-19 pandemic and 2 years of school closures.

With the added pandemic difficulties in mind, our members of GlobeMed, a national, nonprofit global health organization, sought to qualitatively assess post-pandemic menstrual health literacy, combat menstrual stigma, and provide critical MHM resources. Our interns remotely developed a curriculum that was delivered by teachers at primary schools in our partner community. Our curriculum, which involves lessons on sexual development and menstrual hygiene and the distribution of reusable pads, was informed by surveys administered through hand-raising activities in partner classrooms in 2019. Since 2019, our program has expanded from 126 students (64 girls, 62 boys) to 246 students (130 girls, 116 boys) in 2022. Prior to the 2022 intervention, participating students and teachers expressed concerns about a lack of MHM awareness due to the pandemic. Following the intervention, students expressed increased understanding of themselves, their menstruating peers, and a greater confidence in managing menstruation.

Interventions like ours, carried out through ongoing partnership between local and international organizations, have the potential to equitably improve access to education for students who menstruate. However, these partnerships are often challenged by limited funds, unsustainable models, and misguided efforts with inconsistent communication. We confront these issues and evolve with our partner's needs by empowering community leaders and targeting projects. In the near future, we plan to conduct repeat more comprehensive surveys, quantifying the pandemic's impact on menstrual health education.

## Empowering Students in Health Advocacy (ESHA) – A Tobacco Use Prevention Program in Rural India

**Introduction:** More than 19% of 13-15 year old boys and 8% of girls in rural India use tobacco due to ease of access from nearby farmers, lack of local preventative measures, and low health literacy. In 2018, we founded Empowering Students in Health Advocacy (ESHA), an NGO in the state of Gujarat, India, to implement community-based youth tobacco intervention programs in rural schools. However, with COVID-19 limiting in-person activities, we modified our program to include remote-learning. The objective of this work was to investigate the feasibility of a remote-participation based intervention to improve tobacco-related knowledge, attitudes, and behaviors of youth in rural India.

**Methods:** This program took place in Dabka, a village in Gujarat, India, at Dabka Primary Health Center (PHC) and affiliated primary-secondary school, with funding from ESHA. Thirty-five students from 8th and 9th grade participated. Five voluntary students from 12th grade were selected as peer leaders to promote youth health literacy and reinforce anti-tobacco classroom lessons. Over a two-month period, selected peer leaders and schoolteachers were trained by health staff from Dabka PHC to implement programming materials. In the following six months, teachers conducted 5 one-hour tobacco prevention modules through video-conferencing to enrolled 8th and 9th graders. During this timeframe, peer leaders separately conducted 5 focus group discussions in video conference break-out rooms with small groups of students to facilitate personal, candid conversations on tobacco use behaviors and attitudes.

**Results:** Average attendance at programming events was 86%. Students completed 80% of assigned activities. Pre- and post-intervention data on participants' tobacco-related knowledge, attitudes and behaviors are pending.

**Conclusions:** Our experience demonstrates that a community-based youth tobacco intervention in rural Gujarat, India based on remote participation is feasible without significant technological difficulty. This suggests that remote methods in this setting have realistic promise to augment in-person activities in the future.



**Lauren Vuong**

UCLA

Y3

laurvuong@g.ucla.edu



**Bhavesh Patel**

MS3

UCLA, David Geffen School of Medicine

Empowering Students in Health Advocacy

bhaveshpatel@mednet.ucla.edu





**Asna  
Tabassum**



**Maylis Basturk  
Lillie Guo**

University of Southern  
California, Keck School of  
Medicine

atabassu@usc.edu



**Asna  
Tabassum**

University of Southern  
California

Y3

atabassu@usc.edu

## Storing the Stories: The Health and Human Rights Oral History Project

Similar to previous public health crises like HIV or the opioid epidemic, COVID-19 has reflected societal injustices such as treatment and vaccine inequity, housing insecurity, and disinformation. Now more than ever, social, cultural, and political determinants of health have illuminated the essential connection between health and human rights. Exploring this nexus through storytelling can record a history of the largely undocumented health and human rights movement. To start addressing this critical gap in public health history, the USC Institute on Inequalities in Global Health partnered with Open Society Foundations (OSF) to create the Health and Human Rights Oral History Project (HHROHP). This is the world's first dedicated library of oral histories about the modern health and human rights movement, featuring interviews with former staff and grantees of the OSF Public Health Program as well as other pioneers of the health and human rights field. The project provides a behind-the-scenes view of the decisions, discussions, and dynamics of some of the most impactful health and rights interventions of the past half-century. Through 30 three-hour interviews with experts spanning six continents and diverse disciplines, the student interviewers collected untold memories and stories of the health and human rights movement. The format of the oral histories created a rare space for reflection for these experts while also providing student interviewers with valuable lessons concerning the intersection of health and human rights. Stories from the interviews provide useful lessons for understanding and addressing the inequalities uncovered during the COVID-19 pandemic, with the hope of preventing the same mistakes in the future. The HHROHP library will continue to grow in partnership with the University of Witwatersrand in South Africa.

The work was funded by the Open Society Foundations and completed in partnership with Thaler Pekar & Partners.

Author List: Maylis Basturk, Lillie Guo, Asna Tabassum, Jonathan Cohen, Laura Ferguson

## Jaundice Screenings in Low-Resource Settings: A Point-of-Care Thread-Based Ion Selective Electrode (ISE) for Bilirubin Detection

**Introduction:** Jaundice, a primary and often only symptom of liver disease, is characterized by the yellowing of the skin and eyes due to the buildup of bilirubin (BR) in the blood. Neonatal jaundice affects up to 85% of all live births, with more than 114,000 newborns dying and 63,000 surviving with cerebral palsy and other severe disabilities annually. However, low- and middle- income countries (LMICs) disproportionately experience untreated cases that progress to severe neonatal jaundice (SNJ); for example, while the incidence of SNJ in the Americas is 4.4 in 10,000 live births, that of African regions is more than 160-fold higher at 667.8. A significant driver of these disproportionate frequencies is the lack of quantitative tests for blood BR levels in LMICs. BR levels quantify the severity of jaundice, as bilirubin (BR) in the blood can rise from normal conditions between 3.42 and 20.52  $\mu\text{M}$  to levels up to 150  $\mu\text{M}$  during instances of liver disease. However, traditional quantitative blood BR tests are not rapid nor affordable, and often they require complicated instruments, skilled personnel, or sensitive reagents unsuitable for low-resource settings. Instead, LMICs often depend on the visual yellowing of the skin, associated with delayed recognition of jaundice and increased likelihood of brain damage and death. There is evidently a great need for quantifiable BR detection in LMICs, for which accessibility is best provided by a low-cost and point-of-care device. This project aims to address this need by developing a thread-based sensor for the quantification of free BR in blood serum.

**Methods:** A 6-centimeter thread-based working electrode was developed as part of an electrochemical sensor, detecting the charge of the BR 2- ion and measuring resultant voltage differences proportional to BR concentration. A cotton thread substrate was coated with a conductive carbon black (CB) ink, enabling current flow. For the electrode to detect for the charged BR 2- ion specifically, a BR-selective polymer was developed and applied. The project worked to optimize the electrode for four major determinants: selectivity for the BR 2- ion among competing ions in blood; accuracy of measurements in the physiologically relevant range, near 1.0  $\mu\text{M}$ ; stability and consistency of voltage signaling over time; and reproducibility across electrodes and measurements.

**Results:** Measurements of stability, conducted to determine the electrode's ability to detect signals in a relatively stable manner over time, indicated an 875.7 mV/min drift, an acceptable value for continuous monitoring. Measurements of accuracy, conducted through calibration tests, found a -27.457 mV/dec (Theoretical: -29.6 mV/dec) relationship at 1.0  $\mu\text{M}$ ; this indicates the electrode's ability to detect BR at a physiologically relevant concentration in accordance with Nernstian behavior.

**Conclusions:** A cotton thread-based working electrode shows promise for the rapid, low-cost, and point-of-care quantification of bilirubin. Advances would contribute to a potentiometric sensor accessible in LMICs to aid in the early diagnosis of jaundice and liver disease, meeting many epidemiological needs of low-resource settings in a window of opportunity for health technology.

Author List: Asna Tabassum, Farbod Amirghasemi, Maral Mousavi\*



# Creative Art Projects



**Shade  
Avery Kirjava**

University of California,  
Irvine

PhD Candidate

## California Grizzly

This stained glass panel depicts the now-extinct California grizzly bear. The author moved across the country to California in 2021 because of the COVID-19 pandemic and made this work as a meditation on the narratives and important figures in their new state.

Shade Avery Kirjava is an audiologist, and a PhD student studying public health at the University of California, Irvine. They study healthcare use by historically marginalized populations such as LGBTQ+ people.



**Ahmad  
Alach**

Kaiser Permanente  
Bernard J. Tyson  
School of Medicine

MS2

## Wealth is Health

Wealth is Health is a poem about the things that the pandemic taught us... or maybe the things we already knew but that it made abundantly clear.

Ahmad Alach is a second-year medical student at the Kaiser Permanente Bernard J. Tyson School of Medicine located in Pasadena, CA. Throughout his undergraduate years, he volunteered at a Syrian refugee camp located in Bekaa Valley, Lebanon. He is highly interested in refugee health, adolescent health and development, and increasing global access to medical technologies and innovations.



**Joshua  
Senior**

University of Southern  
California

Y2

## Together Against COVID-19: A Lysol Shipment Story

Through the medium of Lysol wipes, the a group of students as part of the USC Blueprints For Pangaea organization seeks to eliminate the health disparities brought about by the COVID-19 pandemic.

Joshua Senior (he/him) is a sophomore from Brooklyn, New York, and he is currently double majoring in Biological Sciences and International Relations at USC. Along with a passion for telling stories with a camera, Joshua is an avid volunteer in the LA community who loves to document the stories that make the community so strong. When he is not studying, Josh enjoys reading books, making music, and teaching friends New York slang.