

NorCal Public Health Coalition presents the

2023

National Public Health Week Magazine

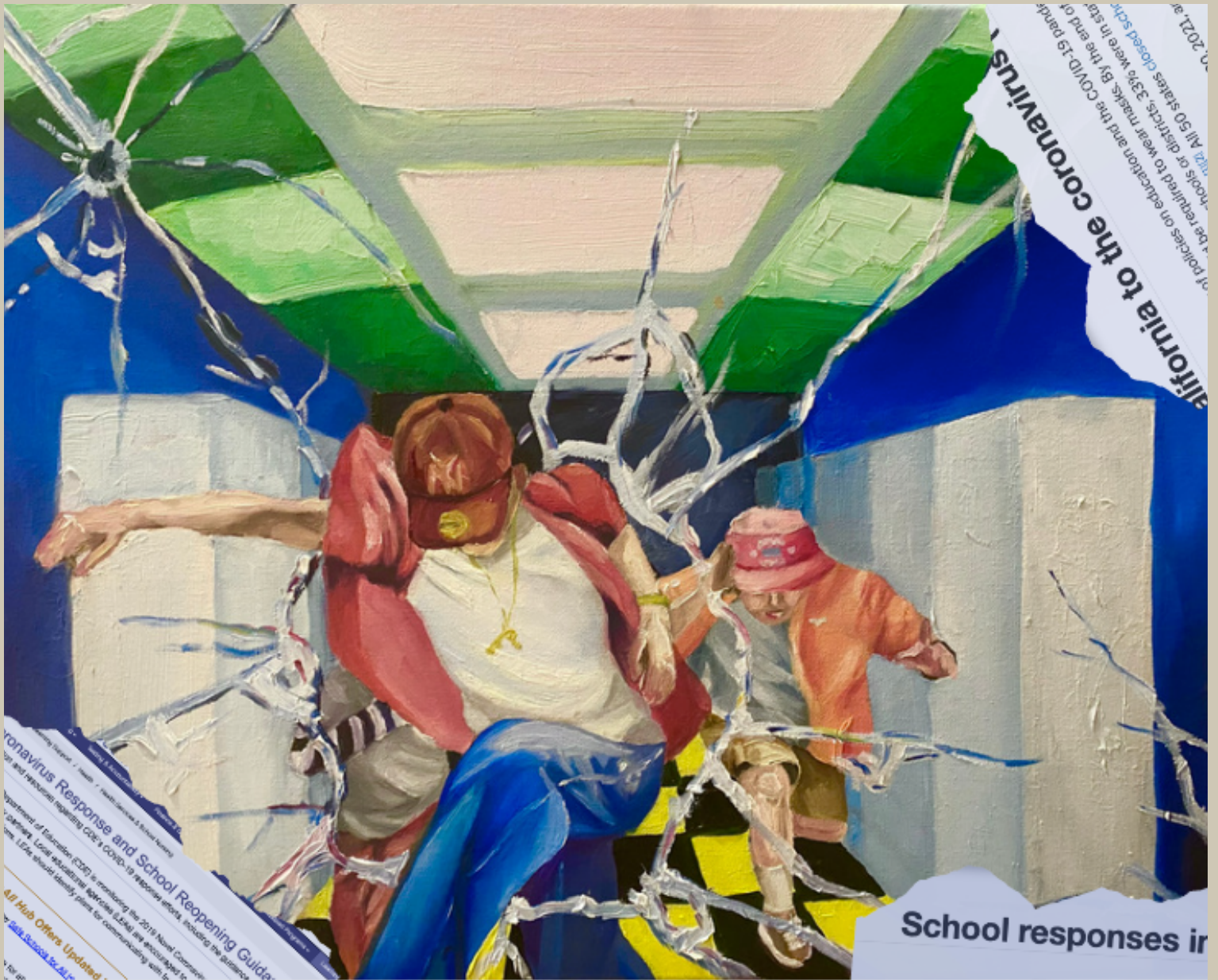


Illustration by Kelsey Shan



Santa Clara County
Office of Education



Tulane

SCHOOL OF PUBLIC HEALTH
AND TROPICAL MEDICINE



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School of Public Health

Letter to the Reader

Dear Reader,

Our names are Elisa Floyd and Xinyue Wang and we are the President and Vice President, respectively, of the Public Health Enhancement Project. We are beyond excited to share with you our first annual National Public Health Week Magazine!

This magazine is a diverse collection of dynamic essays, artwork, infographics, research, and articles that showcase the various aspects of public health. Through extensive outreach to high school and university clubs across the U.S., we were able to collaborate with high school, undergraduate, and graduate students from across the nation to produce this magazine.

We have several goals with this magazine, the first of which is to raise awareness about the importance of public health. We also aim to celebrate the work of individuals and organizations working to address issues in public health. Finally, we want to inspire you to connect with an aspect of public health that you can relate to and become curious about how it affects you and those around you.

This magazine would not be possible without the time, commitment, and passion of so many that we are so grateful to be able to work with. First, we would like to extend a huge shout out to our Newsletter Committee at PHEP, who worked tirelessly to produce this magazine. Our Newsletter Committee did everything from planning the execution of our magazine, conducting interviews and writing articles to designing the magazine. Second, we thank our Outreach Committee at PHEP for reaching out to so many clubs and making our dynamic array of submissions possible. Third, we express our gratitude to the Cal Undergraduate Public Health Coalition and U.C. Davis Public Health Sciences Club, who worked with us to form a collaborative called the Northern California Public Health Coalition and ideate this magazine with us from the start.

Finally, we would like to thank all those who contributed to our magazine. We are certain that your work will help inspire others to develop an interest in public health.

We hope that you enjoy our magazine and we greatly appreciate your time and interest.

Thank you,

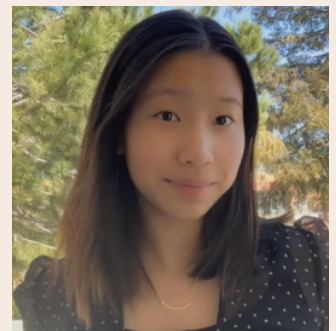
Elisa Floyd and Xinyue Wang

President and Vice President

Public Health Enhancement Project



Elisa Floyd



Xinyue Wang

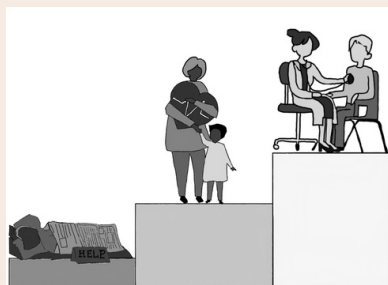
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Rampant Racial Inequities
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Need for Reform



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At Least Wear a Mask

Q&A with Sam Darby, a fourth-year pre-health student at the University of Texas at Austin

By: Ella Shen and Evelyn Wang

Q: Can you tell us a bit about yourself?

A: My name is Sam. I am a student at UT. I'm a fourth-year public health major concentrating in health policy and management. I'm the president of Texas Public Health, which is a public health student organization on campus at UT.

Q: What do you guys do at Texas Public Health and what are your goals and accomplishments?

A: The first thing is increasing public health knowledge on campus to connect students with public health professionals in the area and to be serving the local Austin community and also the global community at the same time. Our goal is to represent students interested in different areas of public health — health education, disease prevention, and epidemiology — and try to develop a strong public health initiative.

Q: What is your favorite thing or like what do you enjoy about working in public health?

A: I really enjoy being able to connect people with different areas of public health; that's something that we really try to focus on. My favorite thing about being involved in TPH is seeing connections between different entities and students, and having students be engaged in at the undergraduate level. I've had people gain transferable skills that they can use later on in their careers, or like in graduate school.

Q: What do you think is the biggest challenge with public health and working in public health?

A: Health equity, which is everyone having their best opportunity to have their highest level of health, as well as everyone being on the same playing field and having optimal health, which is the primary goal of public health. What we need to do is reprioritize public health, invest in public health, and do that through monetary investments.

Q: What advice would you give to people who want to pursue public health in the future?

A: I would say do it. If you're interested in public health and if you're in a university space, take the public health class. Go and talk to people go and try to research different areas of public health that may be local to you. Go talk and connect with people and ask them for advice because a lot of them are definitely willing to talk to you because they have been in your shoes. They have gone through what you have gone through and they've also wondered about what they will do, how they will get there, and what impact it will have in the future.

Q: Why is public health important?

A: Public health is important because it means everyone has the best opportunity to succeed because without health you don't have that foundational level of well-being that is required for success. Without public health, you can't ensure that the population as a whole has the best starting point for success.



Sam Darby (Photo courtesy of Texas Public Health)

On Passion and the Future from Diamond

Joelle Cunningham

By: Irene Hwang and Jane Ser

*We interviewed Diamond on March 22, 2023, specifically about her life and work related to public health.

Who is Diamond?

Diamond Joelle Cunningham, MPH, is a Ph.D. student at the Tulane University School of Public Health and Tropical Medicine. She is a first-generation American to Jamaican immigrant parents. Diamond is a member of the SHARE (Society, Health, and Racial Equity) Lab at Tulane, which is a forum for research on health and social equity. She is currently researching the role of racism in generating and perpetuating injustices in health, and she helps examine multiple ecological influences of health using a developmental lens, ranging from broader social forces to the cellular level. Her research addresses underlying social inequities that give rise to poor health outcomes in communities that have been discriminated against, marginalized, and excluded.



In March of 2023, Diamond was interviewed by the writers of this article, who are a part of PHEP's newsletter committee. She was asked questions about her career, background, and personal philosophy on education and passion for this article. She submitted an individual work, which can be found on this magazine on page (#).

Diamond's Advice from Personal Experience

Diamond, who is unique in the way that she is striving to achieve a specific goal, was asked for her insights on following passion in a realistic manner. She is very interested in advocacy, and that is exactly what she does. Diamond advocates for minority groups, same-gender loving youth, and the general truth in public health through research: "People lie, stories lie, but numbers don't lie; so when we're able to have those numbers from the research, from the findings, from the studies that we conduct, there's just no way that the findings can be denied or could be presenting something that's not true, right?"

For Diamond, public health was the perfect field to go into. When asked about what public health is as a field, she replied, "[It is] this incredible fuel that covers so many different dimensions of health, and there's a way for you to incorporate your passion for policy, your passion for advocacy, and your passion for promoting overall health." At first, she started out with double majoring in biology and political science because she was sure of her interest in policies that influenced public health, until her professor alerted her of public health two years into her undergraduate degree. She was able to change her major and work how she wanted to.

Diamond's experience shows how it takes time for people to realistically incorporate their passions into

something feasible; as we live, we are able to come across people and opportunities that open our eyes to different ways we can go. Don't feel so rushed, because as long as you are on the constant lookout, opportunities will hit you even when you least expect them.

Diamond advised everyone to be willing to be a student. She said that if one isn't vigilant, it is easy to miss what you really want to do. She stated, "Be inspired by what's around you, you know, I think more often than not, we try to find ways to like- change things- that are not really connected to us, or we don't really find sources of inspiration by what's around us. Be mindful of that, you know, when you walk out of the door in the morning... Be mindful of what you're seeing." As Diamond discovered the fire she felt when she noticed social injustices preventing health equality and was able to incorporate and develop it into something considerable, she advised students to be mindful of injustices they see in life and try to change it.

We asked Diamond if she had any advice she had for aspiring high schoolers interested in public health or other fields. Diamond replied that everyone should "always keep that zeal for learning alive." Networking, discovering new people, and doing well in school can be a key that allows one to do more about the ideas they would like to imply onto the world.

The Impact of Social Inequity on Public Health

Diamond's passion for public health awareness stemmed from the social inequity she observed in nearly every aspect of health for marginalized groups. Populations of color were disproportionately affected by most health problems, and statistics clearly show this discrepancy. In 2020, CDC reported that Black/African American racial groups had by far the highest HIV diagnoses, making up 42% of total diagnoses. Diamond never received a substantial answer for the reason why. She discovered that structural inequities impact people of color who are systematically oppressed, leading to high rates in health problems like HIV.

In hopes to amplify the experiences of various marginalized groups, Diamond has worked on studies on same-gender-loving black youth and men. Currently, she is working on studies that amplify the experiences of black women with lupus, since lupus disproportionately affects black women and black women suffer much more serious health outcomes from lupus than any other group. Lupus is an autoimmune disease where the body starts attacking its own cells, leading to organ damage. A common side effect is kidney failure, which often results in death. CDC states, "Black and Latina women are 1.5 to 3 times more likely to develop lupus than white women."

Problem and Solutions

Diamond believes that these social disparities are a result of denial in acknowledging how systemic barriers contribute to the health of certain groups and communities. Diamond says, "A lot of people are still in this... blind state of thinking, and think that people are set because of their own personal decisions and their own health behaviors and people just refuse to look at the systemic barriers that are in place of that." She has shared that in the past, after presenting her data, supporting the correlation between ethnic groups and health problems, people have argued, "Everyone has a chance to health" instead of acknowledging and analyzing the data. The solution for equity in health can come from "acknowledging the oppression that this country has inflicted on non-white groups."

Diamond strives to advocate social equity for the health of all groups through her passion for public health and research. "People lie, stories lie, but numbers don't lie."

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Eggplant Unagi and the Weight of Morality: Sinking Into Plant-Based Eating

By: Christy Koh (The University of California, Berkeley)

Trigger warning: eating disorders

I adhered to a mostly vegetarian diet for a little over a year, ending recently last December. I want to share my journey into vegetarianism, the struggles I faced, and encouragement for those embarking on a similar adventure.

Baby Strokes

It was in my Singaporean primary school that I was first horrified by the destruction of global warming. Haunted by images of melting ice caps, desiccated elephants, and koalas clinging to burning trees, I took up the gauntlet of environmentalism with the same moral conviction that a religious upbringing had instilled in me. Daily decisions were suffused with moral significance: I shortened my shower time, meticulously sorted recycling, and developed a visceral aversion to single-use plastics. I found countless nits to pick with family members, whether passive-aggressively shutting off the sink while my mom was loading dirty dishes, reminding my dad for the umpteenth time to turn off the lights, or guilt-tripping my sister for using both a fan and a thick winter blanket in the summer: “Just take off the blanket, you’re killing baby polar bears!” Obnoxious self-righteousness aside, this is all to say: whether from religion or early environmentalism, I trained from young to align my daily actions to the good I believed in. During COVID, I watched *Earthling*, a 2005 documentary that depicted the suffering of animals at the hands of humans in food, pet, and garment industries. Similar films and online research convinced me that human overconsumption of meat was causing suffering and destruction to the planet. It became painfully clear that I, a consumer, was culpable; ignorance around the sources of my food and other products enabled manufacturers to adopt reprehensible practices in the name of efficiency.

Taking the Plunge

Moving away from home back to Berkeley the fall semester of junior year, I pulled the trigger and dove into a vegetarian diet. My reasoning: “Since I’m in charge of my own meals, and it’s possible to gain all essential nutrients without meat, this is something small I can do to reduce my impact on the Earth.” At least I didn’t have to completely give up eggs. Rolling up my sleeves, I dug into blog posts, foraged for vegetarian versions of my favorite dishes, purchased ‘nooch’ and vitamin B12 supplements, and more. YouTubers, Instagrammers, and a vegan friend were my lifeline resources to navigate the transition.

I lived with 5 other girls in my apartment, and our meal rotation also became more plant-based. From dishes like assam prawns, homemade chicken rice, and teriyaki baked salmon, my contributions morphed to mushroom pepper rice, vegetable mee siam, gochujang popcorn tofu, and my favorite – eggplant unagi. Experimenting with flavors and new protein sources was an exciting journey, and I was surprised by how much I relished the dishes I made – and how clean I felt by eating more vegetables. I was delighted when, out of the goodness of their hearts, many of my housemates began cooking vegetarian meals for their contributions as well. The ripples of my decision, it seemed, were reducing meat consumption beyond

myself. If only every social situation adapted so smoothly. I found especially uncomfortable the extra conversational friction at mealtimes. “Oh, are you not eating?” “Ah no, I already ate since I’m not eating meat,” would be the ritual exchange at weekly fellowship meals. It took effort to speak tactfully so my journey wouldn’t sound like some haughty vegetarian gospel. As for family, my parents urged me to reduce rather than cut out meat completely, while my siblings simply rolled their eyes. My grandma, on the other hand, was horrified: “What happened to my gourmet eater? You better not be ve-gan when you come to Singapore!” Nevertheless, I was glad for the opportunity to share with others about my reasoning, and to be a resource to show that giving up meat was a sacrifice worth making.

Slowly Drowning

So what happens when it’s no longer a sacrifice worth making? For me, the culinary adventure of a new vegetarian diet was a gratifying escape to what was, in reality, an unhappy and volatile two years. Looking back, I underestimated the mental burden of maintaining my diet, and didn’t foresee how food’s place in my headspace would devolve into a destructive tyranny.

Only a few months later, accumulated personal issues threw me into turmoil. Unable to face the daily pressures, I turned to stress-eating. It was the one requirement for my body, the only enjoyable activity I could justify spending time on with my backlog of missed deadlines. As long as I was hungry, I should eat. In such moods, carb- or fiber-heavy snacks failed to satisfy my appetite, and I began to consume non-vegetarian food in secret. My obsession with waste soared to new heights – if no one was going to eat the food anyway, I might as well finish it. Hunger and satiety washed over me in unpredictable and extreme waves.

In other words, I developed disordered eating. I gained weight, which made me self-conscious about my body image. To make things worse, my compromises to my vegetarian diet filled me with guilt, which layered onto other grievances I had against myself. I’m not in the best mental state, so I can’t be so strictly vegetarian right now. The health justification felt like making excuses, an admission that I lacked the willpower to follow through on my convictions.

The burden of my dietary failure sank my thoughts to depressive depths: I am so ravenous I could engulf two panfuls of eggplant unagi; I can’t focus because I can’t stop thinking how hungry I am though I know I’m physically full; I am bloated to bursting and need some unthinkable source of relief. I can’t control my appetite; I take up too much space; I am a net negative to the Earth. I knew these thoughts were poisonous, but I still wanted to maintain my diet through. I sought help through counseling and improved over the summer, only to relapse when my stressors returned.

Pausing, Coming Up for Air

Finally, after three semesters of struggling, I decided that eating strictly vegetarian was no longer something I could commit to. I allowed myself the choice to eat meat from time to time, guilt-free. Though I still fully believe in the ethical motivations behind alternative eating, there is a psychological dark side to any kind of restrictive diet, more insidious than fears of militant vegans or commercial greenwashing. It is dangerous 8

when moral weight is yoked to a morally neutral, physical requirement of eating well. The sweeping undertow of guilt can suck in a host of other problems such as negative body image or self-hate.

Let's be clear: I'm not saying a vegetarian diet bears the blame for my mental state, or that it's too fraught an adjustment to be worthwhile. I'm saying that a restrictive change in diet is a significant change with a biological and psychological power to either uplift and cleanse, or intensify stress and negative thought patterns. The work put in is more significant than one may realize, and there will be social pressures to struggle through. After my brief foray, I believe that the most important prerequisite to embarking on an alternative eating journey is one maybe overlooked: mental stability. Do I struggle with stress eating? Are significant life changes on the horizon? Is my eating schedule inconsistent from day-to-day? If so, it may not be the right time to switch up my diet, or I might need more community support. What I believe to be morally good should be realistically weighed against my physical constraints. If I cannot make the change now in a healthy way, I can work toward it in the future. Ultimately, humans are embodied creatures, and we need enough nutrients to maintain our ability to think clearly and live fully.

So that leaves me here, treading in the shallows, still cooking vegetarian but not saying an absolute no to meat. When I've cultivated healthier coping mechanisms for stress, when the time is right, I'll look forward to another swim.

The Healing Art of Somatic Dance

By: Christine Youn (The University of California, Berkeley)

It is interesting that Somatics, this form of dance, art, or science, was studied in my Theory of Dance Performance class the week that I was most in touch with the discomforts of my body. I was on the third week of my newly adopted vegan diet, telling myself that I want to live out my values of conservation, love of animals, and personal health. I recently overcame a mentally and emotionally tolling experience, and I wanted to feel grounded mentally by being in touch with my physical body, which I believed is much more neutral than my mind. But as I also began exercising to be in touch with the corporeal, I became more aware of this growing headache I had, which I soon realized was “hunger headaches,” and I began to have a bad relationship with food that I never expected I would have to deal with.

Somatics is a form of dance and a method of healing where an individual is called to be in touch with the natural state of their body to creatively utilize the capabilities of their anatomy to move and create art or address the areas of pain that exist within the body through a “mind-body connection” (See: <https://www.healthline.com/health/somatics#What-does-that-even-mean?>).

Doran George, the author of *The Natural Body in Somatics Dance Training* critiques Somatics for emphasizing this idea of a natural state of the human body since it normalizes bodies that are diverse and varied. He writes, “explanations that configure the significance of the body as beyond culture, such as those proffered by Somatics, forfeit an understanding of how social forces are embodied through dance” (5). I realized that I was embodying the philosophy of Somatics when I began fixating on my physical health. I wanted to escape my mind by being in touch with my body, hoping that I can find peace by focusing on something unrelated to my pain. But the more I focused on my eating, the more I began to micromanage the nutritional quality of food, lose the joys of consuming culinary art, and lose even the appetite for sustenance.

George points out that the Somatics rhetoric was the manifestation of a post-World War II desire to be free from the pressure to bring about social change (9). The trend was to value aesthetics for the sake of aesthetics. “Somatics initially promised to liberate dancers from oppressive training by being more respectful of the body and nurturing the creativity of each dancer,” he writes (2).

In public health I learned about the Social Determinants of Health, which is used to describe environmental factors that affect a person’s health. You can argue and go as far as to say that the traumatic or even just emotionally taxing experiences are Social Determinants of Health. Perhaps healing is meant to grow out of validating personal experiences, even “unrelated” emotional ones. And in the same way, I believe, creativity should as well.

Trying to be neutral and rid myself of the chance to process the negativity inside of me made me embody my sorrow and my inability to accept my particular self even more within the new habits I adopted, even though these habits were meant for my health and sanity. And trying to rid art of the need to have a social statement and seek out a space where the natural and neutral can thrive caused the ugliness of regiments that

reinforced “conservative and exclusionary values” (2).

However, Somatics also inspired me to think differently about health. “Healing comes from personal experiences.” I think this applies even to Somatics, because this is actually where I found personal interest as a Public Health major: Somatics as a means of healing. It inspires me that many Somatic artists or scientists came to develop this form of movement when they struggled with chronic illnesses that could not be addressed by Western medicine. And there are many who healed their chronic pain through Somatic exercises. Through what I learned in my dance class, and the personal experiences I had, I grew inspired as an academic to keep exploring the intersection of the personal and the scientific to witness how the beauty of being human can be discovered within unexpected dimensions.

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You Will Always Be My Friend

By: Desiree Poon (Homestead High School)

You can play all day, and sleep all night,
You can feel saddened, despite winning many trophies
You may feel disheartened while being praised by the world
You may feel lonely, but you will always be my friend
You can feel anxious, you can feel hated
You can feel despair, despite your perfect grades
You may feel threatened while having the love of the world
You may feel fearful, but you will always be my friend
You can feel cluttered, you can feel drained
You can feel burned out, despite being well-rested
You may feel pressure while taking a break from work
You may feel distressed, but you will always be my friend
You can eat too much, you can eat too little
You can feel bloated, despite exercising every day
You may feel starving while eating all the food in the world
You may feel fearful, but you will always be my friend
You can feel disorganized, you can feel chaotic
You can feel cluttered, despite cleaning every day
You may feel paranoid while checking every room in the house
You may feel panicked, but you will always be my friend
You might feel nothing, you might feel everything
You might feel lonely, you might feel bullied
But everyone around you will love you unconditionally
Especially your friends, who have loved you since the beginning

Rampant Racial Inequities in Healthcare Accentuate Need for Reform

By: Madhavi Karthik (Homestead High School)

Healthcare is a fundamental human right and must be made available to everyone. Yet, this basic standard of life continues to be unattainable for many, as marginalized communities continue to suffer from inadequate access to necessary medical care.

Racial inequities in the healthcare system can be traced back to times of slavery, when plantation workers endured harsh living conditions and lacked equal access to public health facilities in comparison to their white counterparts, according to [the National Library of Medicine](#).

These systemic imbalances perpetuate the harmful idea that healthcare is a privilege, a mentality that continues to be pervasive today. Ultimately, people of all backgrounds deserve access to medical services whenever they need them — without discrimination.

Gaps between marginalized communities extend far beyond the healthcare industry, limiting their access to housing, education, wealth and employment, all of which play a significant role in one's health, according to the [CDC](#).

These disparities become especially apparent in expensive areas like the Bay Area, where the cost of living is high. For example, despite only making up 6% of San Francisco's residents, Black individuals comprise 37% of the city's homeless population, according to the [San Francisco Health Improvement Partnership](#).

Due to these economic disparities, marginalized communities face a greater risk in public health crises, with Black populations being twice as likely to die from COVID-19 than white individuals, according to the [University of Minnesota](#).

This heart-wrenching statistic is just one of many. It is simply unethical to brush this issue aside when the primary goal of healthcare is to protect patients, yet the system is harming those who need it the most.

To combat this issue, training for healthcare professionals must properly educate them about prevalent healthcare inequities to ensure marginalized communities are heard when voicing their health concerns. For instance, internal medicine doctor Denise Connor encouraged a patient of hers, a Black man who experienced multiple strokes, to take blood thinning medication. However, he was hesitant to comply with her advice, due to the fear of being experimented on, accustomed to historical breaches of trust in medicine like the Tuskegee syphilis study,

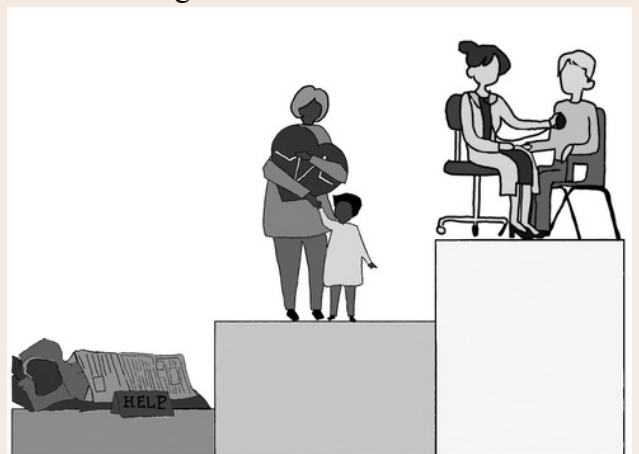


Illustration by Madhavi Karthik

according to the Association of American Medical Colleges (AAMC). This highlights the importance of looking at the social context of each patient to provide them with appropriate resources, which establishes a trusting relationship that can improve health outcomes for vulnerable populations. Medical curricula should focus on integrating equity through all facets of health education, an initiative currently underway at UCSF. For example, classes will address how certain data was gained from experiments conducted on Black people without medication, and they will teach students to note patients' social determinants of health when recording their medical history.

While it may be impossible to fully erase the healthcare system's racist roots, we have the ability to make a tangible impact. Racism is a public health crisis, and we must continue to actively strive for equity — especially when countless lives are at stake.

Tension-Type Headaches - The Effects of Posture and Stress

By: Nancy Qian (Homestead High School)

I'm not quite sure if it's insecurities around a lanky physique, modern-day screen addiction or academic workload, but my posture is always one of the first things people point out about me. It isn't that my head hits the door frame at five foot six but there is sometimes a desire to conform and hide within the crowd. Combined with pulling all-nighters cramming assignments and essays, my neck and back have been crying out in pain. Random headaches transitioned into stabbing migraines which phased in and out; it was a force that struck without warning, squeezing the sides of my head. Recently at a doctor's appointment, I consulted her about the past few weeks and why how I stood and worked played an active role in major issues such as tension on the scalp. Tension headaches; that's what they were called. My lack of movement when studying, bad sitting positions for long periods of time, and strain from leaning towards screens all contributed to the haphazardous state of my health. The best way to live a healthier lifestyle is starting from posture and exercise.

"TTH" or tension-type headaches is pain around the scalp which lasts from minutes to months, also the most common type of headache. Further symptoms include nausea, numbness, photophobia and even seizures; intense pain affects daily activities with immobility. They occur from tightening of muscles around the neck and back which leads up to the head.

Dr. Rebecca Erwin Wells, is the director of the Headache Center at Wake Forest Baptist Health and researches stress reduction and headache education. In her 2020 book *Headache: A Guide for Clinicians and Sufferers*, she states, "For tension-type headaches, prevention is often the best medicine... maintaining good posture, getting regular exercise, and getting adequate sleep are also important for preventing tension-type headaches". Similarly, my doctor suggests that strenuous exercise is not the best solution compared to more short, attainable sessions; this could be a couple jumping jacks, stretching, or just getting up and grabbing a snack. Most effective between studying, these breaks regulate stress and allow the body rest. Posture while sitting should not be hunched or leaned back but neutral to minimize straining of the spine and feet flat on the ground; this can improve circulation, breathing, and digestion. This is completely different from how I approach my study sessions, hours at a time in order to finish in one sitting and hoping the discomfort would be temporary.

She also writes that "Stress management techniques, such as mindfulness meditation, relaxation exercises, and aerobic exercise, can be effective at reducing the frequency and intensity of tension-type headaches". Headaches originate from both physical and mental strain, which is the reason for its commonality because prolonged stress manifests itself in academics, workplaces, and relationships. I believe that the saying "too much of anything cannot be good for you" is true because having balance, between work and leisure, reduces that pressure; it's important to realize that taking a break isn't a sign of weakness, rather an opportunity to become stronger. Too often do we forget that our bodies can expire and it's our duty to take care of them.

Although I am still swamped with many responsibilities, periodically checking in with my body allows me to do so comfortably. They say you only realize how precious something is until you lose it and it's the same with health; without good health, nothing is possible. Whether it be sitting in front of a laptop or reading a book, there is less tension in my limbs and especially my spine supporting my neck when I actively sit with good posture. Without the resulting TTH, I am able to work with a clearer mind and am more motivated to get things done. There is a domino effect when good posture leads to motivation, productivity, time for leisure and finally, less mental stress. The way I present myself or sit alone holed up in my room are both opportunities to protect my body from its greatest enemy, myself.

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The Contribution of Human Activities to Climate Change

By: Yumi Jeon (Homestead High School)

For years, I have constantly heard that climate change is going to result in extreme events. Statistics saying “Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year”(World Health Organization) began to spread across platforms on social media, thus reaching a larger audience of individuals, including me. Previous to seeing such posts, I had been oblivious to the harmful effects my actions could cause to the environment. I believed that humans solely brought positive aspects towards society, that humans would be the key to advancing society, and solving new challenges. However, I soon realized that this was not reality.

Climate change is defined as long-term changes in temperatures and weather patterns (United Nations). Such changes may be natural, but as of the 1800s, climate change has been primarily caused by the activities of humans. The burning of fossil fuels, the most prominent human activity, emits greenhouse gases. These greenhouse gas emissions then act as a ‘blanket’ around the planet, resulting in trapped heat.

Humans do hold a considerable amount of responsibility for the state of the environment. The idea that the world will continue to live on for many generations to come can not be completely true without the absolute understanding of the importance of environmental health. The American Public Health Association writes, “Environmental health is the branch of public health that: focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. Environmental health is a key part of any comprehensive public health system” (American Public Health Association). The relationship between people and the environment is ideally meant to be mutual, yet humans are destroying the environment while it continuously provides resources for people. I began to realize that humans are generating more harm than good to the environment with the belief that their actions would not have any consequences, and as I continued to do more research, my disappointment grew. Governments provide large companies and corporations with subsidies, or financial aid, to encourage their production. Consequently, more harmful toxins are continued, or even encouraged, to be released into the air humans breathe.

The photo I saw on the social media platform, Instagram was one of a polar bear. Initially, I had thought the image depicted a polar bear walking through its habitat. However, after taking a few more seconds to look at the image closer I had realized that it portrayed the life of a starving polar bear. With only a little more than skin and bone, the polar bear appeared to be weak and in search of food. After reading the caption that accompanied the image, I understood what had caused this: humans. Research has shown that implementing regulations or laws can create a positive impact for life on Earth, including the overall health of humans. You may argue that the world is invincible and nothing will be catastrophic enough to destroy all life on Earth. Arguably, the environment has already begun to diminish and may ultimately lead to the extinction of many species. Researching and reading more information about solutions that I can implement has allowed me to become aware of the actions that I take throughout my daily life.

That image of the polar bear inspired me to view environmental health as my health. “Adaptation will be required everywhere, but must be prioritized now for the most vulnerable people with the fewest resources to cope with climate hazards” (United Nations). I think this will be one of the most difficult parts for individuals to grasp. Solving climate change requires all individuals, no matter their age, location, or wealth, to make changes in their lives. Through the Instagram post, in addition to the variety of articles online, I became influenced to continue exploring and educating myself on how environmental health contributes to all walks of life.

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The Impact of Wildfires on the Environment and Humans

By: Rikako Sato (Homestead High School)

Many people know about the existence of wildfires - but do they really know the dangers it causes to not only the environment but the humans as well? For me, wildfires seemed like such a far away thing; something I only heard about on the news. It wasn't until Covid, when wildfires were raging in California and I was stuck at home, that I really felt the effects on myself as well. Not being able to go to my backyard in fear of inhaling too much smoke and being more susceptible to Covid made everything feel more real. Now, looking back, I wish that I was more educated on the effects of wildfires beforehand, so I could be more careful. Therefore, I believe that by spreading awareness on the effects of wildfires on the environment and human health, we will be able to better educate and protect people.

Wildfires have many long term and short term effects on the environment and humans alike. Perhaps the most obvious effect on us humans would be from wildfire smoke. The United States Environmental Protection Agency states, "The effects of smoke from wildfires can range from eye and respiratory tract irritation to more serious disorders, including reduced lung function, bronchitis, exacerbation of asthma and heart failure, and premature death. Children, pregnant women, and the elderly are especially vulnerable to smoke exposure." Although it may not seem very serious at first glance, effects such as reduced lung function can take a toll on people, especially during Covid. Everyone, but especially children, elders, and those with disorders are impacted in their day to day life as smoke prevents them from engaging in many activities such as going to school or playing in their backyard. The Centers for Disease Control and Prevention have also stated, "Wildfire smoke can irritate your lungs, cause inflammation, affect your immune system, and make you more prone to lung infections, including SARS-CoV-2, the virus that causes COVID-19." Not only do people have to live in fear of Covid, they also have an added layer of fear that the smoke from the wildfires may affect their lung health. This can seriously affect someone's quality of life as it prevents people from doing things they want and need to do.

There are other less well known effects on humans as well. The World Health Organization states that "Wildfires also release significant amounts of mercury into the air, which can lead to impairment of speech, hearing and walking, muscle weakness and vision problems for people of all ages." Just because this is less known, doesn't mean we should brush these effects off, as these are just as severe, or perhaps more severe than the ones more well known. The impairment of speech, hearing, and walking will seriously affect someone's daily life, as it will make doing things significantly harder. This could also impact someone's mental health, as they won't be able to do things as they used to be able to. The smoke could also prevent people from going out and meeting friends, which may impact someone's psychological well-being.

Wildfires not only affect humans, but the environment as well. The World Health Organization states that "Wildfires also simultaneously impact weather and the climate by releasing large quantities of carbon dioxide, carbon monoxide and fine particulate matter into the atmosphere." This release of carbon dioxide into the air will undoubtedly contribute to global warming, an already growing issue that many organizations are working on slowing. It will affect the Earth in this generation, but also in future

organizations are working on slowing. It will affect the Earth in this generation, but also in future generations to come, which will end up affecting humans in the long term as well. Although fires are a natural part of life, unnecessary fires caused by humans by accident disrupt the forest ecosystem and affect all life in the forests. The United States Department of Agriculture also says that “Fuel treatments are management actions that alter the amount or arrangement of forest vegetation to mitigate wildfire behavior and enhance fire resiliency.” In addition to the fires humans cause, the treatments to stop wildfires are also permanently altering the ecosystem in a negative way. Many ecosystems are already dying out and many species become endangered because of humans, so we cannot afford to do that to even more other species.

After hearing all these negative effects on both humans and the environment, you may be wondering how you can help. The best thing to do would be to spread awareness. Wildfires are not a topic discussed in school, so many people are oblivious, myself included. People don't know how close these things are to them - you never know when you or a loved one may be involved in a wildfire. Introducing the topic to the others around you, perhaps just by word of mouth, or in an essay or presentation, would be enough to get others curious and engaged. Educating yourself and the people around you on this topic by reading research articles or watching the latest news can make a big change in your community. Lastly, supporting organizations that research, prevent, or educate people on wildfires can be a big help. Now that you know the effects of wildfires and how to educate yourself and others, I implore all of you to do your part in spreading awareness on this topic that affects people in their everyday life.

At Least Wear a Mask

By: Mackie Vu (Homestead High School)

With COVID-19 precaution measures winding down, a return to pre-pandemic life seems to be within reach. Although the pandemic is becoming a less prevalent issue in our everyday lives, we must remain cautious as the cold and flu season prevails.

As illnesses spread across school campuses, it is essential that students wear masks, especially given the infectious nature of both COVID-19 and other seasonal illnesses. COVID-19 and the common cold are caused by viruses that spread in similar ways and have the same symptoms, according to the Mayo Clinic. Wearing a mask will decrease this rampant spread of viruses as flu season progresses.

As a member of my school's marching band, I attended a trip to Southern California last year for the final competitions of the season. In the weeks leading up to the trip, I was terrified of getting sick, and that fear only worsened when I saw the limited precautions my peers were taking. Prior to the trip, I noticed some of my classmates coughing, sneezing and sniffing without a mask. Not only does the act of showing up to school sick put others at risk, but doing so without a mask only multiplies the rate of transmission.

Although I did not get sick, a friend of mine did and was forced to miss the highly anticipated trip. In situations like these, the carelessness of others had harmful impacts, which could have been easily minimized if students simply chose to wear a mask.

While some may argue wearing a mask is a choice that should be left up to individuals, it is vital that everyone protect their own health and their communities.

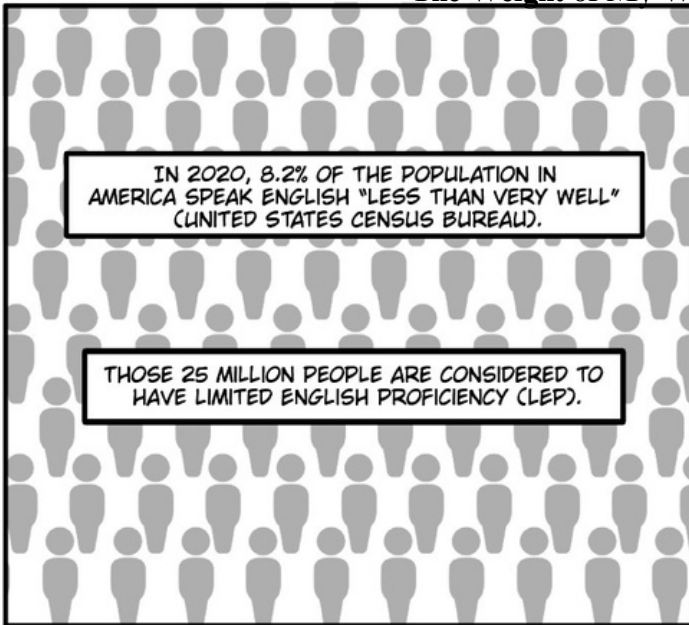
These necessary protections against illnesses do not work when only a fraction of the population takes precautions. In fact, there is a moderate risk of spreading COVID-19 when only one person is masked, but that risk decreases substantially when both are masked, according to the CDC. During a time when sicknesses are spreading rapidly, those who are healthy need to be cautious, and those who are sick need to avoid infecting others.

With the lingering effects of the pandemic and the spread of disease from campus to campus, students must make an effort to protect their own health and that of their peers. To ensure the safety of our community, it is crucial that those who are sick stay home, or at the very least, wear a mask.



Illustration by Mackie Vu


The Weight of My Words - Nkauj Hmoob Vue



IN 2020, 8.2% OF THE POPULATION IN AMERICA SPEAK ENGLISH "LESS THAN VERY WELL" (UNITED STATES CENSUS BUREAU).

THOSE 25 MILLION PEOPLE ARE CONSIDERED TO HAVE LIMITED ENGLISH PROFICIENCY (LEP).

MY MOM IS JUST ONE OF THE 25 MILLION PEOPLE WITH LEP,




COME WITH ME TO THE CLINIC. I NEED YOU TO HELP ME TRANSLATE.

OKAY, OKAY.

AND I AM JUST ONE OF THE MANY PEOPLE WHO'VE ACTED AS FAMILY INTERPRETERS FOR THEIR FAMILY MEMBERS.

IN MARCH OF 2022,



I TOOK MY MOM TO AN URGENT CARE CLINIC.

I DIDN'T FEEL CONFIDENT INTERPRETING TO THE DOCTOR, SO ONE HOUR BEFORE WE HEADED THERE, I HAD CALLED THE CLINIC.




DO YOU GUYS HAVE A HMONG INTERPRETER?



YES, WE DO!


WE WENT IN, WAITED TWO HOURS...



TICK

HOW YOU FEELING, MOM?

OKAY.



G. VUE?

...AND FINALLY MET THE DOCTOR.



HELLO. I'LL BE TAKING A LOOK AT YOUR MOM TODAY.

HI.

BUT THERE WAS NO SIGHT OF THE INTERPRETER.

WHERE'S THE INTERPRETER?

WHAT INTERPRETER?

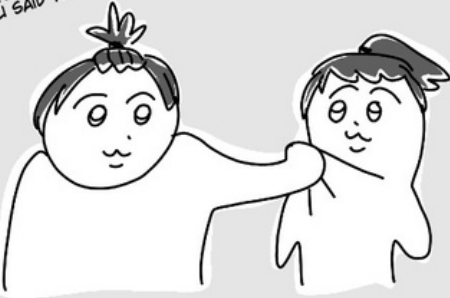


MY MOM AND I WEREN'T HAPPY.

DON'T LOOK AT ME. I DON'T SPEAK HMONG.



WHAT DO YOU MEAN, "WHAT INTERPRETER?" YOU SAID YOU HAD ONE.



MY INNER THOUGHTS

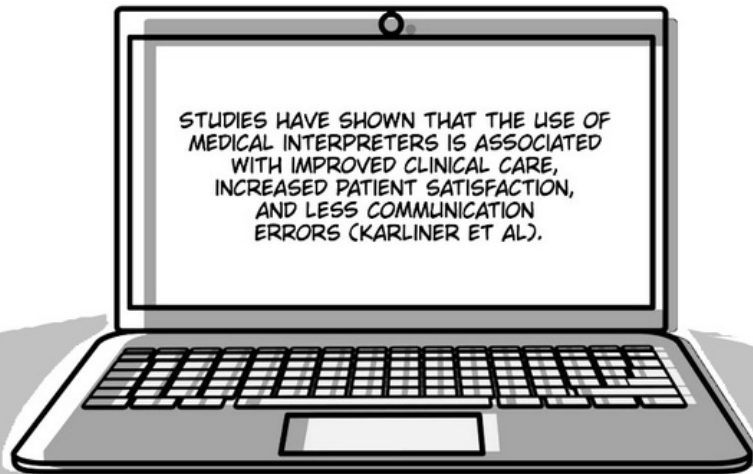
IT WAS CLEAR THE DOCTOR EXPECTED ME TO ACT AS THE INTERPRETER.

SIGH

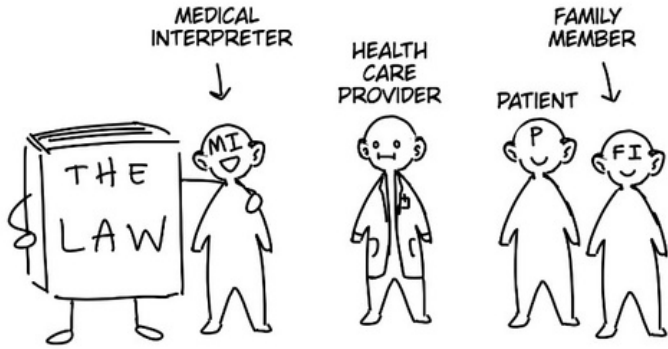
MY HMONG ISN'T FLUENT, BUT I'LL TRY MY BEST...



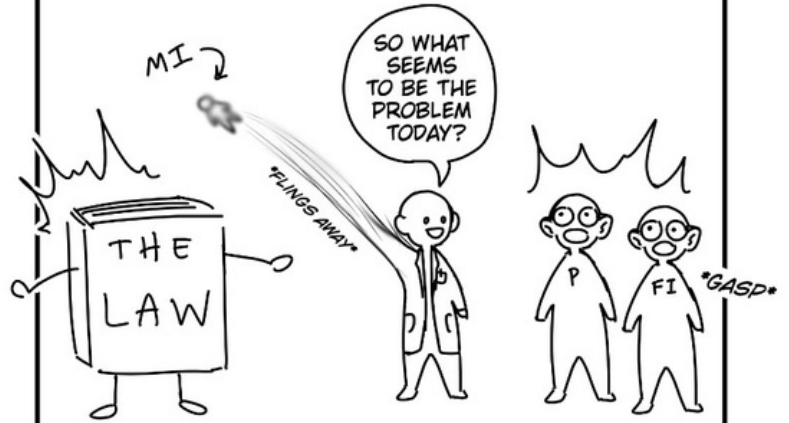
STUDIES HAVE SHOWN THAT THE USE OF MEDICAL INTERPRETERS IS ASSOCIATED WITH IMPROVED CLINICAL CARE, INCREASED PATIENT SATISFACTION, AND LESS COMMUNICATION ERRORS (KARLINER ET AL).



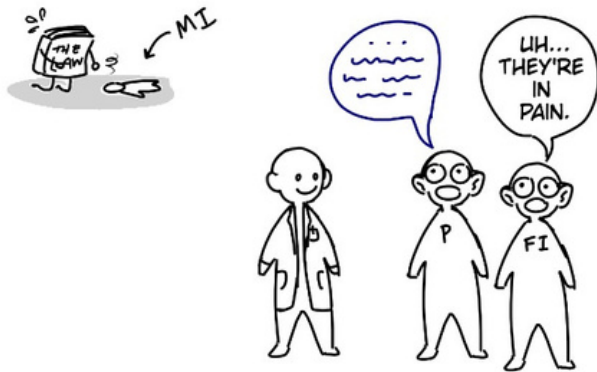
BY LAW, HEALTH CARE ORGANIZATIONS THAT RECEIVE FEDERAL FUNDING ARE REQUIRED TO PROVIDE INTERPRETER SERVICES TO LEP PATIENTS,



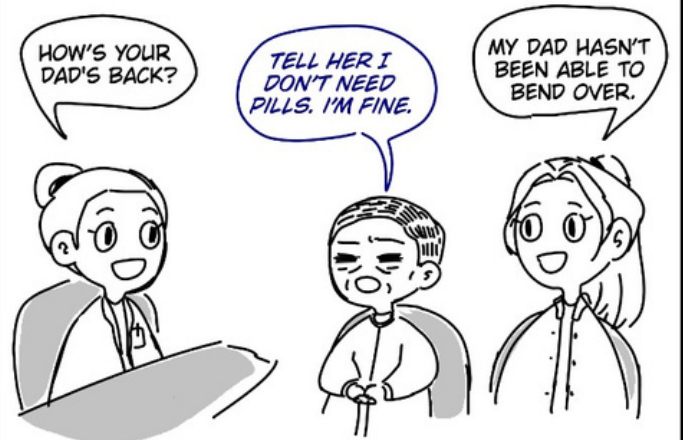
BUT PROFESSIONAL MEDICAL INTERPRETERS ARE UNDERUSED BY RESIDENT PHYSICIANS (DIAMOND ET AL). INSTEAD, FAMILY MEMBERS ARE COMMONLY USED AS INTERPRETERS (SCHENKER ET AL).



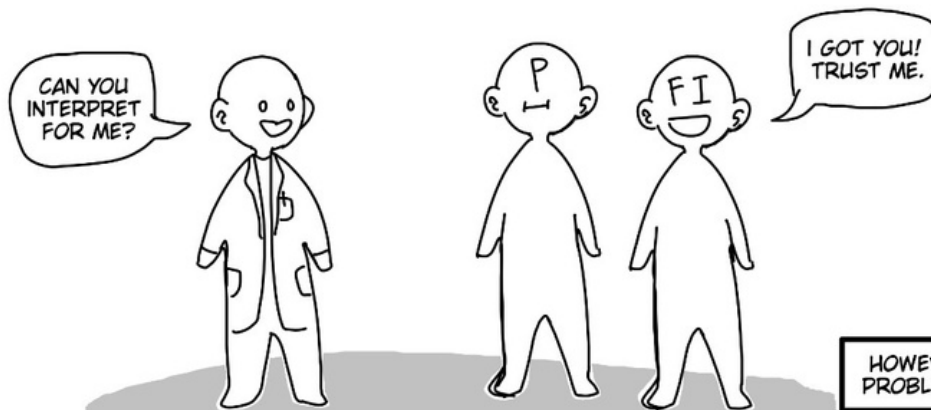
FAMILY INTERPRETERS HAVE THEIR ADVANTAGES.



THEY ARE ACCESSIBLE, ARE MORE FAMILIAR WITH THE PATIENT, AND ARE ABLE TO MAKE THE PATIENT FEEL MORE COMFORTABLE.

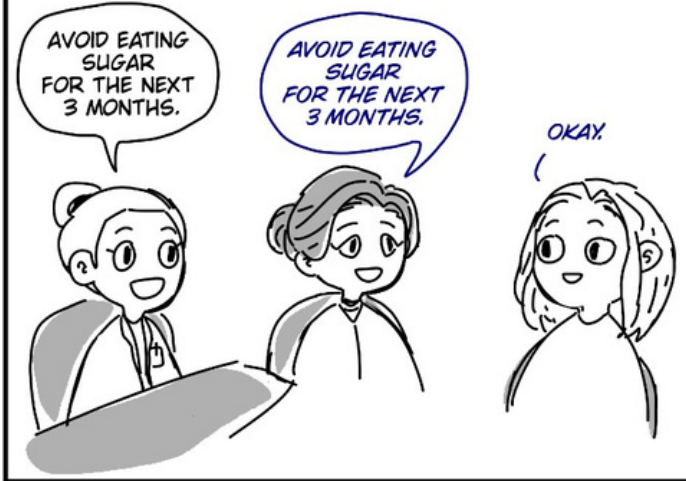


THEY COST NOTHING TO USE;

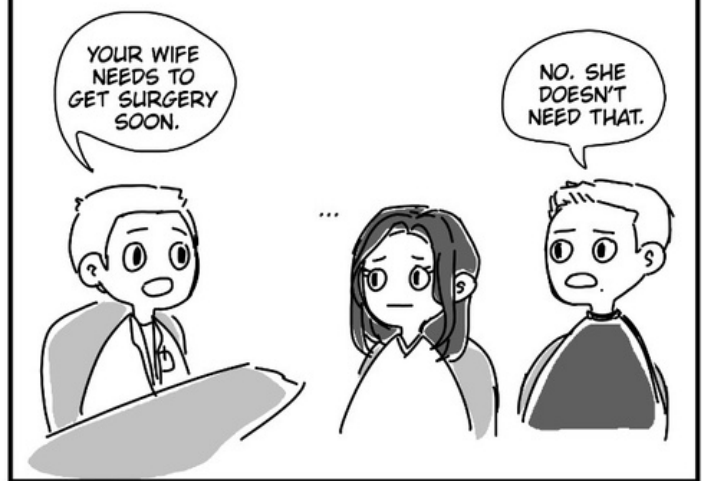


HOWEVER, THERE ARE MANY PROBLEMS WITH THIS METHOD.

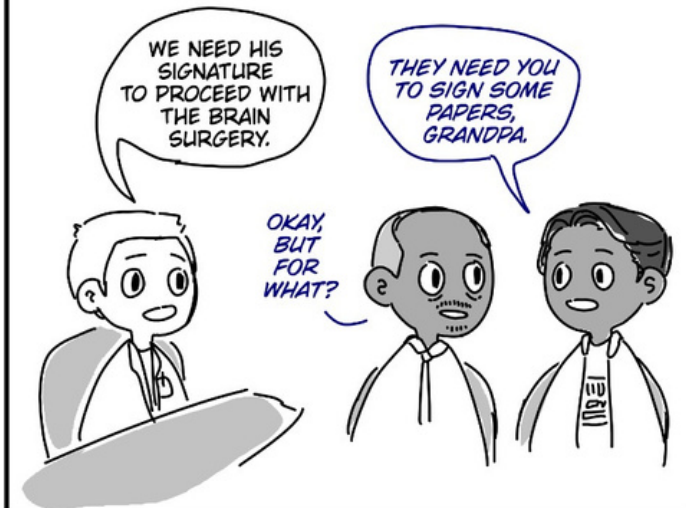
PROFESSIONAL MEDICAL INTERPRETERS ARE TRAINED TO PLAY AN OBJECTIVE ROLE IN THE EXCHANGE BETWEEN PROVIDER AND PATIENT.



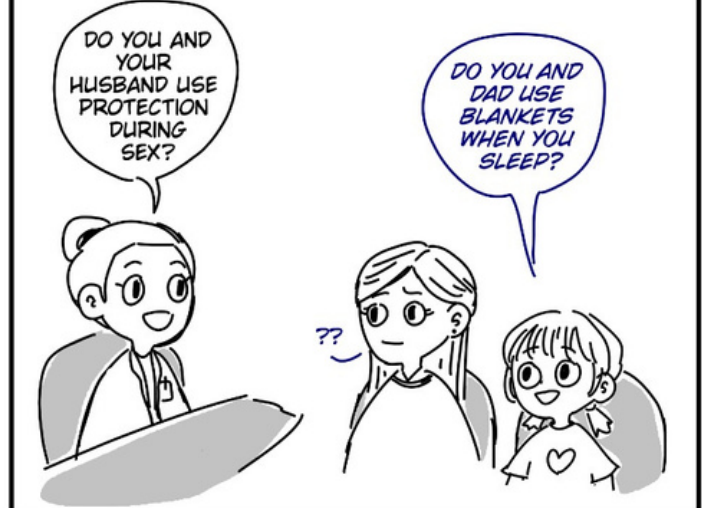
IN CONTRAST, FAMILY INTERPRETERS CAN BE INFLUENCED BY THEIR BIASED OPINIONS AND AFFECT THE PATIENT'S TREATMENT (MAYO ET AL).



SOMETIMES FAMILY INTERPRETERS CAN OMIT OR ADD INFORMATION...



...OR THEY CAN MISUNDERSTAND AND CHANGE THE ORIGINAL MESSAGE (MAYO ET AL).



SOMETIMES FAMILY INTERPRETERS REFUSE TO INTERPRET CERTAIN INFORMATION OR BAD NEWS...

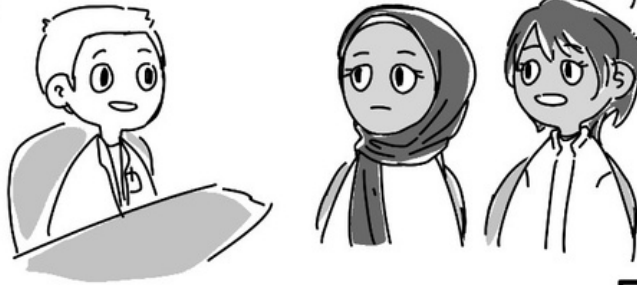


...OR THEY'RE UNCOMFORTABLE INTERPRETING SENSITIVE HEALTH ISSUES (FREE ET AL).



LINGUISTIC FLUENCY AND LOW HEALTH LITERACY ARE ISSUES TOO.

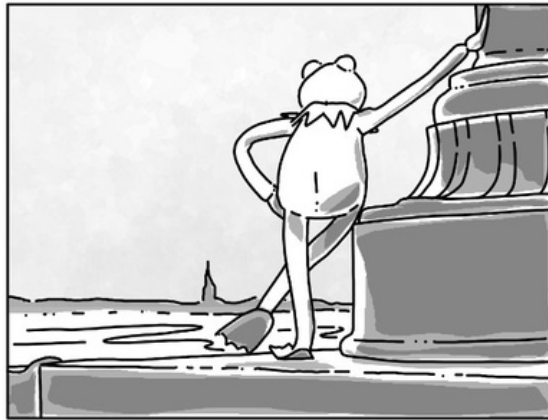
DOES YOUR FAMILY HAVE A HISTORY OF TUBERCULOSIS?



UM...
HOW DO I SAY TUBERCULOSIS?

MEDICAL TERMINOLOGIES CAN BE HARD TO UNDERSTAND AND TRANSLATE.

IT'S NOT EASY ACTING AS AN INTERPRETER.



IT'S ONE THING TO BE ABLE TO SPEAK IN A SECOND LANGUAGE,

NYOB ZOO!

ANOTHER TO BE ABLE TO INTERPRET INTO THAT LANGUAGE,

WHERE ARE YOU FEELING PAIN?

KOJ MOB GOV TWG?

AND YET STILL ANOTHER TO BE ABLE TO INTERPRET FROM THAT LANGUAGE INTO ENGLISH.

KUV TXHAIS TES MOB MOB.

MY HAND REALLY HURTS.



CHILDREN USED AS INTERPRETERS ARE A SPECIAL PROBLEM.

DAD, WHAT DOES

CHOLEDOCHOLITHIASIS

MEAN?



*CHOLEDOCHOLITHIASIS: STONES IN THE GALLBLADDER OR COMMON BILE DUCT

THEY OFTEN FEEL A TREMENDOUS BURDEN OF RESPONSIBILITY, EVEN GUILT, FOR THE INFORMATION THEY CONVEY,

MOM, THEY ASKED IF YOU'VE BEEN FEELING PAIN AND SLEEPY?



AND JUST AS OFTEN, PARENTS CAN BE EMBARRASSED OR RELUCTANT TO TELL IMPORTANT SYMPTOMS AND DETAILS TO THEIR CHILD.

...MOM'S NOT IN A LOT OF PAIN. I'M JUST A LITTLE TIRED SOMETIMES. DON'T WORRY.



MY MOM IS HMONG-CHINESE AND IMMIGRATED TO AMERICA FROM CHINA AFTER MARRYING MY DAD.

HMOOB, HELP TXHAIS LUS RAI KUV. (HMOOB, HELP TRANSLATE FOR ME.)

OKAY! COMING!!

EVEN THOUGH SHE'S LIVED IN THE U.S. FOR NEARLY 22 YEARS, HER ENGLISH ISN'T VERY FLUENT.

AS THE ELDEST OF SIX KIDS, AND THE MOST FLUENT IN HMONG AMONG MY SIBLINGS, I'VE OFTEN HELPED MY MOM WITH INTERPRETING SINCE YOUNG.



YOU WISH TO SPEAK TO MY MOTHER?



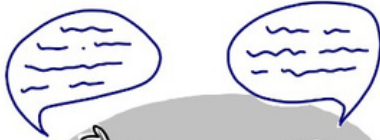
APPLE JUICE

(YOUNGER ME HAD LONGER HAIR)

HAHA, HOW CUTE. HOW OLD ARE YOU?



IT BECAME A RESPONSIBILITY, OBLIGATION,
AND EXPECTATION FOR ME AS A DAUGHTER.



HOWEVER, THERE ARE TIMES WHERE I FEEL INSECURE,
DOUBTFUL, AND ASHAMED OF MY LIMITED
LINGUISTIC ABILITIES.

SO...



HOW DO I SAY "CAWS YALUM" IN ENGLISH? WA-IT, WHAT DOES "CAWS YALUM" MEAN AGAIN? IS IT "NUMB?" WOULD IT BE BETTER TO SAY "TINGLING?" DID M... MEAN "TINGLING?" WHAT'S THE WORD FOR "NTSUJ?" HOW DO I SAY "BACK" IN HMONG AGAIN? WHAT ABOUT "LOWER BACK"? I DON'T KNOW. I'LL JUST POINT. WHAT WAS "NECK?" HOW DID SHE DESCRIBE WHAT "LOOG" MEANS AGAIN? DOES IT MAKE SENSE IF I SAY IT THIS WAY? WHAT IF I SAY IT WRONG? HOW DO I SAY "TENSE" IN ENGLISH? WAIT. OK. SO MOM SAID THAT "NTSUJ" IS LIKE "TENSE," SO IT'D BE BETTER TO SAY "TENSE," RIGHT? I'LL JUST SAY "TENSE." I HOPE THAT'S THE RIGHT WORD.



IT MIGHT NOT SEEM LIKE A BIG DEAL WHEN
INTERPRETING FOR YOUR FAMILY BECOMES YOUR NORM...

...BUT WHEN YOU REALLY STOP TO THINK ABOUT IT,

THE WELL-BEING OF YOUR LOVED ONES ARE IN YOUR HANDS.



ON A GOOD DAY, YOU CAN GET BY WITH LITTLE TO NO CONSEQUENCES.

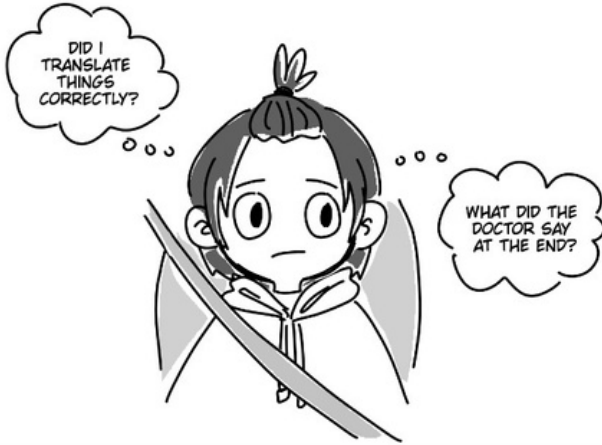
BUT ON A BAD DAY...



MY MOM AND I LEFT THE CLINIC THAT DAY DISPLEASED AND UNSATISFIED WITH THE CARE THEY PROVIDED.

WE WERE BOTH FRUSTRATED FOR OUR OWN REASONS.

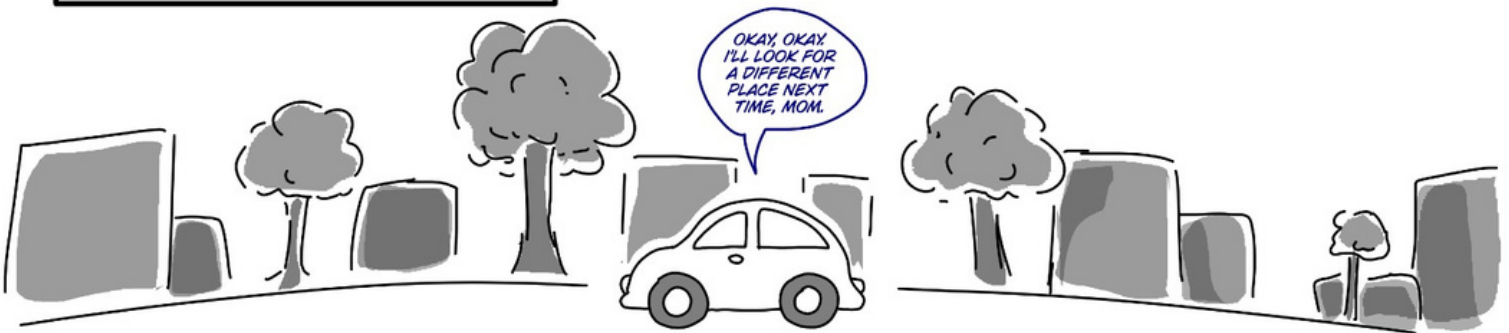
I BROODED OVER MY INTERPRETING SKILLS, FEELING LIKE I WAS LACKING.



MY MOM COMPLAINED ABOUT THE DOCTOR, FEELING LIKE SHE WASN'T TAKEN SERIOUSLY.



PROFESSIONAL MEDICAL INTERPRETER, FAMILY INTERPRETER, OR NO INTERPRETER,



AT THE END OF THE DAY, IT'S THE PATIENT WHO'S MOST AFFECTED.

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How to overcome

NEGATIVE THOUGHTS



Positive sayings and affirmations

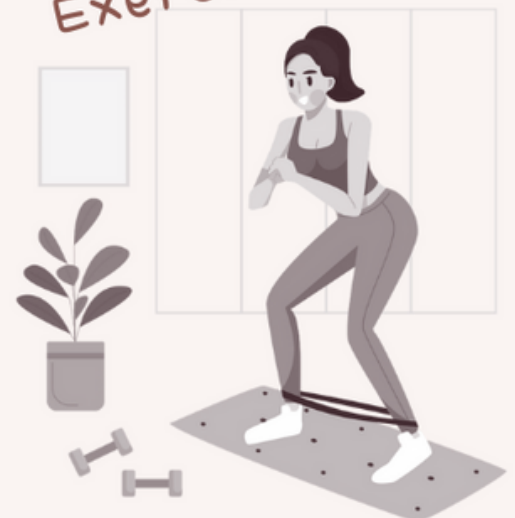


Journaling

Spreading love and volunteering



Exercising



Affirmations - Anushruti Nagarajan

empowering AFFIRMATIONS

I am getting
better and
better
everyday

I am capable of achieving my goals

My past is
not a
reflection of
myself

I love myself



My emotions
are valid

I am doing my best, and that is
enough



Bridging the Green Space Gap in Park-Poor Communities of Los Angeles County, California, USA

By: Lily Troughon (The University of California, Davis)

UCLA Fielding School of Public Health
Public Health Scholars Training Program

Bridging the Green Space Gap in Park-Poor Communities of Los Angeles County, California, USA

Cecille Montes-James, Emma Rosas, Lily Troughon, Rashel Bernal-Reyes
UCLA Public Health Scholars Training Program

Introduction

Mounting evidence suggests that increasing access to parks and green spaces in highly urbanized low-income neighborhoods may help mitigate health and social disparities, such as rising crime, depression, stress and obesity trends, as experienced by children and adults in marginalized communities.^{6,11} In addition to improving human health, developing green spaces also benefits the environment. For instance, it may help fight climate change's effects on air quality and average temperatures, as these effects exacerbate poor health outcomes for low-income Black and Brown populations that are actively fighting against the presence of harmful pollutants in their neighborhoods.¹

- According to the County Department of Parks and Recreation, Los Angeles has a median of 3.3 acres of park space per 1,000 inhabitants, which is much less than the norm of 6.8 acres per 1,000 people in comparable high-density U.S. cities.
- In 2022, the Trust for Public Land organization, reported that Los Angeles County ranked 78th out of the 100 biggest cities in the U.S., mainly because LA County's investment score in the ParkScore index is 50/100, their accessibility score is 44/100, and their equity score is 31/100. Also, residents in mostly white communities have 66 percent more park space per inhabitant than residents in predominantly Black or Brown neighborhoods.⁴

We propose that more funding is allocated to the creation of parks, urban green spaces, renovated schoolyards and general greenery in historically minoritized residential environments.

Significance

- Park-poor locations are areas where citizens have little access to green space.
- Urbanization rates are increasing and over half of the world's population currently lives in cities, therefore many individuals may not have access to urban greenspaces (including parks, woods, and sports facilities) which are an "essential component for ensuring healthy, sustainable, livable conditions", as stated by the World Health Organization.⁸
- According to the 2016 Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment, more than half of Los Angeles County is deemed "park poor," with 82 percent of these locations being in racial-minority and low-income populations, specifically in South Los Angeles, Downtown, and the East San Fernando Valley.²

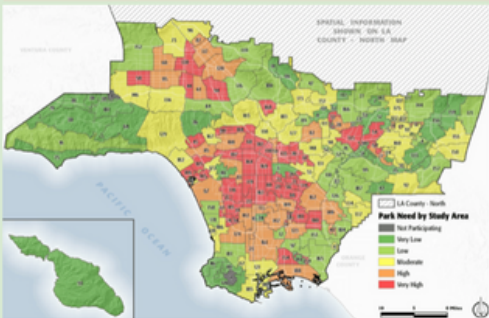


Figure 1 above depicts spatial park inequality across a number of variables, with red and orange indicating 'High' and 'Very High' need study areas, and light green and green representing 'Low' and 'Very Low' need study areas, respectively.

Acknowledgements

We would like to thank the Centers for Disease Control and Prevention for funding the CDC Undergraduate Public Health Scholars Program at the UCLA Fielding School of Public Health. We would also like to thank Francesca de la Rosa, Green Schoolyards Campaign Manager at Trust for Public Land, for sharing her work and knowledge on green spaces in Los Angeles, CA. This poster was supported by Cooperative Agreement Number 1 NUS0MN000005-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, Department of Health and Human Services, or the University of California.

Public Health Issue

- Latinx, Black, and low-income individuals are disproportionately affected by health risks (obesity, cardiovascular disease) that can be mitigated by access to green spaces.¹
- Access to green spaces depend on social determinants such as socioeconomic status, gender, and race/ethnicity. Individuals and communities of low SES and are a racial minority are less likely to have access to quality green space in the United States.¹³
- In Los Angeles County, those who live in low-income areas and neighborhoods that are dominated by racial minorities have significantly less access to parks in comparison to white-dominated areas in LA County.¹²
- For the parks that are present in park-poor communities in Los Angeles County, they have lower-quality recreational spaces than those in other areas; parks in predominantly Latinx and Black neighborhoods are not maintained as well as those in predominantly White neighborhoods.⁷
- Unmaintained parks and green spaces that are of poor-quality are unsafe for people to use; individuals and communities cannot benefit from having a green space if it is unsafe and unusable.⁶

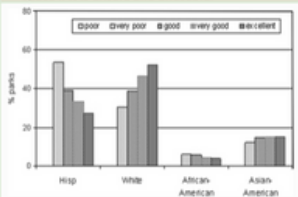


Figure 2 to the left illustrates the levels of quality of park maintenance as grouped by the predominant racial group where the park is located. White individuals have the best and most amount quality maintenance of parks while Hispanic individuals have the most poorly-maintained parks.

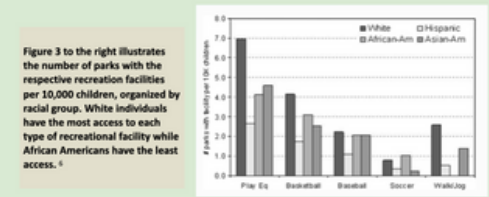


Figure 3 to the right illustrates the number of parks with the respective recreation facilities per 10,000 children, organized by racial group. White individuals have the most access to each type of recreational facility while African Americans have the least access.

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Current Barriers

- Barriers that may limit green space access to park-poor communities:
- Funding:** A study on park funding in California assessed how funds from federal state, special district, municipal, and nonprofit sources were allocated for parks and recreation facilities within Los Angeles County. They found funding from all sources favored middle-income communities over lower- and higher-income communities.³
 - Criminalization of poor/unhoused people** is a public health issue because people can no longer just exist in a city. Their lack of access to open space intersects with issues in housing, transit and quality of air.
 - Gentrification** comes as a result of greening. Neighborhoods are more desirable "as more green comes on line, it can improve attractiveness and public health" this can cause housing prices to rise and therefore the community that was supposed to benefit from this greenspace is now excluded.

Existing Interventions

Trust for Public Land™ is an organization dedicated to "creating parks and protecting land for people, ensuring healthy, livable communities for generations to come." Trust For Public Land™ tackles the lack of green space in the Los Angeles community by identifying underutilized land in park-poor communities. Much of their work involves working with school districts that are open to implementing greening strategies in elementary schools that are in park-poor areas and opening them up.³



Figure 4 depicts the Before and After of the Cesar Chavez Elementary schoolyard in Oakland, NY.

Achieving Equity

- Trust for Public Land suggests "prioritizing the communities who are affected by climate change and lack of greenspace" is the way to form equitable solutions.
- Tree Canopy, which is part of city that is shaded by trees is a necessity in Los Angeles to "protect vulnerable populations from the sun and chronic respiratory illness".⁴
- To achieve overall health equity, access to quality green spaces is emphasized as a key component in the figure below.⁴

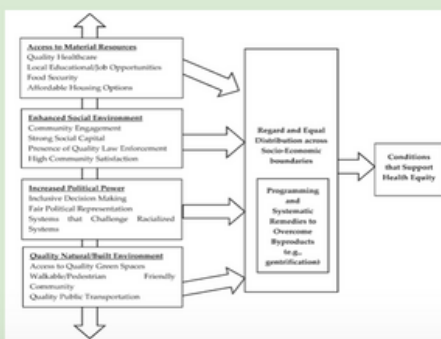


Figure 5: The Conditions that Support Health Equity

The Willow Clinic Behavioral Health Team: A Model for Reducing Mental Health Care Accessibility Barriers

By: Jeetu Sijuth (The University of California, Davis)

This innovative quality improvement study uses depression screening to evaluate the Behavioral Health Team (BHT), offered in Sacramento through two student-run clinics, as a model for addressing health disparities and reducing obstacles to mental health care for people experiencing homelessness and people who inject drugs. Unhoused People are disproportionately affected by trauma and depression yet face unjust barriers to mental health treatment. At two of the UC Davis Health student-run clinics serving diverse populations, every person is offered a Patient Health Questionnaire-9 (PHQ-9), a standardized depression screening. A medical provider reviews all questionnaires for crisis intervention, and people at risk for moderate or severe depression are connected, if interested, to BHT, which offers direct psychiatric services and supportive resources. This study evaluates BHT as a model for decreasing obstacles to mental health care for people experiencing homelessness through evidence-based, person-centered care integrated within two student-run clinics by measuring depression screening rates and using outcome data and reiterative changes to address health disparities and promote equitable practices. Through depression screening at student-run clinics, the Behavioral Health Team provides accessible, evidence-based care and highlights the importance of understanding disparities in behavioral health resources.

Project Feature: Clinica Tepati

By: Theresa Nguyen (The University of California, Davis)



Clinica Tepati



Patient Population

Clinica Tepati works to provide basic healthcare services and health education to the underserved Latino community. Our patient population is dynamic in which many people come to the clinic in order to meet their diabetes maintenance and cardiovascular improvement needs. Additionally, Clinica Tepati provides both students and patients with positive Latino role models and mentors working as healthcare professionals. In Clinica Tepati, volunteers go beyond providing the standard of care by being advocates for recent immigrant patients, serving as both linguistic and cultural interpreters.



Tepati's Mission

Clinica Tepati operates under a three part mission of healthcare, education, and advocacy. Tepati seeks to provide basic healthcare services such as health screenings, health education, and primary care. Our volunteers have the opportunity to gain clinical experience, and more importantly, our patients are able to receive more information about how to maintain healthier lifestyles. Lastly, we believe it is our duty to advocate for our patients and that healthcare is an inherent right for all people.

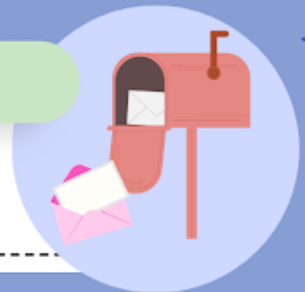


Services Provided

Clinica Tepati provides a broad range of clinical services. Many patient visits regard managing increasingly common chronic conditions such as diabetes, hypertension, and high cholesterol. In addition, we frequently address acute health problems such as skin conditions, women's health issues, and other immediate concerns. As our patients' primary health care resource, we also focus on preventive services, such as vaccinations and screening tests.

Contact Us

You can find out more about Clinica Tepati through our instagram: @clinatepati !



2023

National Public Health Week

Daily Theme Infographics






Day 1 - Community Health

By: Cal Undergraduate Public Health Coalition Community Health Committee



FLU VS COVID VS COLD

NOTE: Testing is the only way to tell the difference with certainty.

FLU	COVID	COLD
		
Caused by Influenza A and B viruses.	Caused by SARS-CoV-2 virus.	Caused by rhinoviruses.
Incubation period 1-3 days	Incubation period 2-14 days	Incubation period 1-3 days
Common Symptoms: Fever (high), headache, exhaustion/weakness (begins early), aches (severe), sore throat, cough. Occasional Symptoms: Stuffy nose, sneezing, runny nose, diarrhea.	Common Symptoms: Fever, cough. Occasional Symptoms: Headache, exhaustion, aches, weakness, shortness of breath, diarrhea.	Common Symptoms: Stuffy nose, sneezing, sore throat, cough (mild to moderate), runny nose. Occasional Symptoms: Aches, fatigue.
Recovery period 7-10 days	Recovery period 10 days (current CDC guidance)	Recovery period 3-7 days

Reference: <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/covid-19-cold-flu-and-allergies-differences/art-10503981>

Day 2 - Violence Protection

By: UC Davis Public Health Sciences Club

Firearm Violence Prevention

Some Facts

California Ranked 45th out of the 50 states in overall gun death rates [1].



In 2020, rural counties had higher firearm death rates [1].

In the United States, young Black males are at the highest risk of death by fire arm homicide [1].



Some Explanations For These Facts

Social Determinants of Health Definition:

"The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" [2].

Some Examples

- educational opportunity
- income
- housing stability
- work conditions



- physical environment
- discrimination
- social support and inclusion
- access to health care

Social, economic, and political factors can influence the firearm injury risk of different groups.

Addressing Root Causes

Approaches clinicians can take

- Take a broader view of patients' health by considering their social context [2].

- Practice cultural humility
 - This can help in understanding cultural, social, and structural factors that shape patients' experiences [2].

Scan for Sources



Thank you to the UC Davis Health Violence Prevention Research Program for aiding in our research.

Day 3 - Reproductive and Sexual Health

By: Public Health Students for Reproductive Justice at the Johns Hopkins University Bloomberg School of Public Health

Medically unnecessary abortion restrictions are a public health crisis.

Being denied an abortion can have a negative impact on a variety of outcomes related to health and wellbeing:



Physical



Emotional



Socioeconomic



Parenting

Day 4 - Mental Health

By: Public Health Enhancement Project Content Development Committee



The infographic features a blue background with a torn paper effect at the top. The words 'MENTAL HEALTH' are written in large, purple, 3D-style letters across the top. Below this, there are two main sections. The first section, on the left, is titled 'Mental illnesses are diagnosed by symptoms' and includes text about the lack of quantitative tests and the use of the DSM-5. The second section, on the right, is titled 'The neuroscience behind mental illnesses' and discusses neurotransmission, with examples for depression and schizophrenia. An illustration of two doctors in white coats is positioned between the two sections. At the bottom left, there is a white line-art illustration of a human head in profile, showing the brain and spine, with a thought bubble above it that says 'Scientists believe...'. A small icon of a brain with a spiral is located to the right of the neuroscience title.

Mental illnesses are diagnosed by symptoms

Mental health professionals do not have quantitative medical tests to determine mental illnesses...

Based on the patient's symptoms and criteria of the Diagnostic and Statistical Manual of Mental Disorders published by the APA

This shows how mental health is not fully discovered, leaving concerns

The neuroscience behind mental illnesses

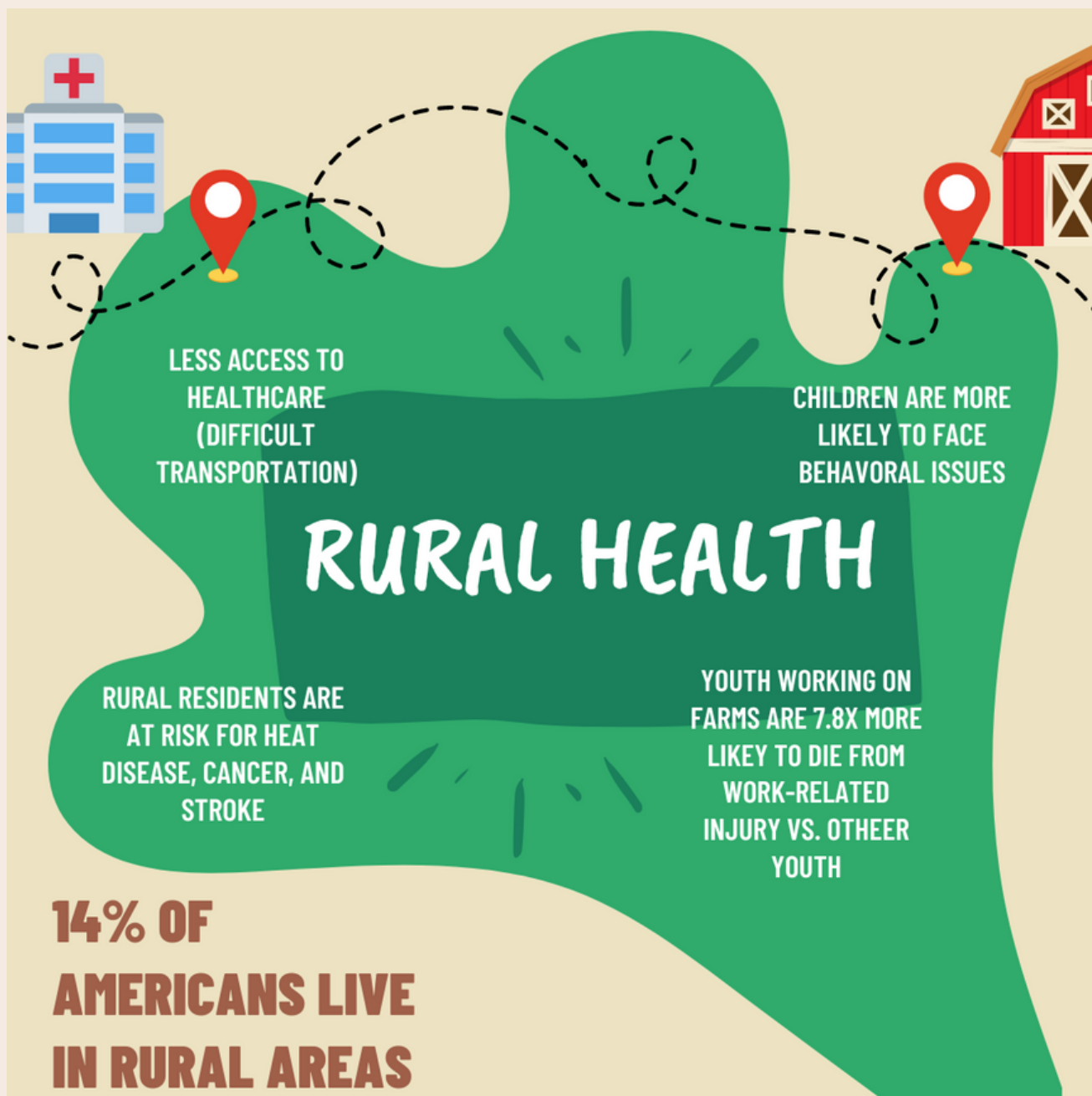
Mental illnesses result from conflicts in communication between neurons in the brain (neurotransmission)

E.g.)

- Lower neurotransmitter serotonin level
→ Often seen in Individuals with depression
- Disruptions in the neurotransmitters
• dopamine, glutamate, and norepinephrine
→ individuals who have schizophrenia

Day 5 - Rural Health

By: Public Health Enhancement Project Content Development Committee



NorCal Public Health Coalition



Our Partners

