

Second Annual Spring Conference

Connecting International Partners
to Strengthen Health Systems
and Respond to Health Inequities

May 6 & 7, 2014
De Neve Auditorium, UCLA



UCLA BLUM CENTER
on Poverty and Health
in Latin America

*Working across boundaries
to reduce poverty
and health inequalities
in Latin America*



Welcome to the Second Annual UCLA Blum Center Spring Conference!

Within the next day and a half, you will find updates and information on public policy, health systems, results-based programming models and much more that address this year's theme: *Connecting International Partners to Strengthen Health Systems and Respond to Health Inequities*.

In keeping with the main focus of the UCLA Blum Center, this conference embodies our goals to serve as an international resource for researchers, policy makers, health ministers, faculty and community health leaders who are interested in improving health outcomes in Latin American and vulnerable populations. We are hopeful that the sessions of this year's conference will contribute to evolving and innovative actions to mitigate the effects of poverty, gender inequity, migration, poor living conditions, policy deficits and other social determinants of health for all Latin American populations.

I would like to extend a special thanks to this year's key conference supporters who have provided both financial and programmatic support. First, the generosity of Richard Blum, our founding benefactor, has truly helped set the stage not only for the conference but the continued research and programming we achieve through the Center. We are also grateful for the financial support of The Robert Wood Johnson Foundation; two special sessions will address cross-disciplinary collaborations to advance a culture of health both in the United States and beyond.

Conference participants will also hear from the Inter-American Development Bank (IDB) and the Salud Mesoamérica 2015 (SM2015) Initiative, a public-private partnerships between the Bill & Melinda Gates Foundation, the Carlos Slim Health Institute, the Government of Spain, and IDB. With the support of these partners, we are happy to have representatives from Nicaragua, Argentina, Honduras, and Panama presenting on this innovative initiative. We are also happy to welcome several other prominent health representatives from Latin America who will join in these and other rich discussions of the conference.

With our partners and collaborators, I invite you to stay in contact with us so that the synergy of our combined efforts will be enhanced throughout the year.

Best regards,

Michael A. Rodríguez, MD, MPH, Center Director
Professor, UCLA Department of Family Medicine





Conference Goals

- 1 To provide a forum for international stakeholders to exchange information and to build networks among institutions, organizations, and individuals on research and programming designed to reduce poverty and improve health in all Latin America populations;
- 2 To discuss innovative policies and programs for health care systems reform and workforce strengthening;
- 3 To encourage research evaluation efforts and ways to determine effective solutions for breaking the cycle of poverty and improving health.

Program-at-a-Glance

Tuesday - May 6, 2014	For details, see pages 7-9.
	8:30 AM Breakfast and Networking
	9:00 Welcome/Opening Remarks
	9:30 Keynote Address
	10:15 ~ Break
	10:30 Plenary Session 1
	Noon Luncheon Address
	1:00 PM Student Poster Presentation
	2:30 Plenary Session 2
	3:50 Plenary Session 3
5:00 Reception and Networking	

Wednesday - May 7, 2014	For details, see pages 10-11.
	8:00 AM Breakfast and Networking
	8:30 Introductory Remarks
	8:45 Plenary Session 4
	9:45 ~ Break
	10:00 Working Sessions 1A, 1B, 1C
	Noon Closing Remarks





UCLA BLUM CENTER
on Poverty and Health
in Latin America

The UCLA Blum Center, in collaboration with Latin American institutions, brings poverty and other social determinants of health to the forefront of research and training on health in Latin America. Through the work of our Center, students and faculty across disciplines and borders study the causes of poverty and health inequalities. Together, we seek to identify and promote solutions in health policy and practice.

The mission of the UCLA Blum Center on Poverty and Health in Latin America is achieved through programs and activities addressing three goals related to research, policy, and training.

Goal One: Research

To assess and inform responses to the social determinants contributing to health inequities among Latin American populations.

Goal Two: Policy

To examine policies on poverty and health in Latin America and identify effective policy strategies within the region in order to make educated recommendations on policy enhancements.

Goal Three: Training

To educate students and train new researchers about the responses to social determinants of health in Latin America through courses, symposia, and field studies.

Center Director:
Michael A. Rodríguez, MD, MPH
Center Coordinator:
Jennifer Binstock, MPP

Center founding benefactor
Richard C. Blum in the field.
Photo courtesy of American
Himalayan Foundation.





Robert Wood Johnson Foundation

For more than 40 years, the Robert Wood Johnson Foundation has focused on the most pressing health issues facing the United States. We are committed to building a national culture of health that will enable all Americans to live longer, healthier lives now and for generations to come.



Robert Wood Johnson
Foundation

For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Inter-American Development Bank (IDB)

The IDB supports efforts by Latin American and the Caribbean countries to reduce poverty and inequality. The Bank aims to bring about development in a sustainable, climate-friendly way.



Established in 1959, IDB is the leading source of development financing for Latin America and the Caribbean, with a strong commitment to achieve measurable results, increased integrity, transparency and accountability. It has an evolving reform agenda that seeks to increase the development impact in the region. For more information, visit www.iadb.org

Salud Mesoamérica 2015 Initiative

The Salud Mesoamérica 2015 Initiative (SM2015) is an innovative public-private partnership between the Bill & Melinda Gates Foundation (BMGF), the Carlos Slim Health Institute (ICSS), the Government of Spain, the Inter-American Development Bank (IDB) and the governments of the Central American countries and the State of Chiapas in Mexico. The SM2015 initiative works to reduce health equity gaps faced by Mesoamerican populations in extreme poverty according to priorities established by the governments of the region. For more information, visit www.iadb.org/en/saludmesoamerica2015/saludmesoamerica-2015-home,1904.html.



Conference Supporters



Centro de Investigación y Docencia Economicas (CIDE)

Dr. Henri Gerard Desgranges (HGD) Foundation - Haiti

Friends NE

Inter-American Development Bank (IDB)

Pan American Health Organization (PAHO) / World Health Organization (WHO)

Robert Wood Johnson Foundation (RWJF)

Salud Mesoamérica 2015 Initiative

Universidad Nacional Autonoma Nicaragua

World Bank

Representatives from governments of Latin American countries including:

Argentina	El Salvador	Mexico
Belize	Guatemala	Nicaragua
Costa Rica	Honduras	Panama

Schools and colleges of UCLA, including:

College of Letters and Science,

Division of Humanities and the

Division of Social Sciences

David Geffen School of Medicine

Department of Education

Fielding School of Public Health

Luskin School of Public Affairs

School of Dentistry

School of Law

School of Nursing

UCLA institutes and centers, including:

Center for Health Policy Research

Center for World Health

Center of Expertise in Women's Health
and Empowerment

Center of Expertise on Migration and
Health

Chicano Studies Research Center

Clinical and Translational Science Institute

International Institute

Institute of the Environment and
Sustainability

Latin American Institute

Program on International Migration

UCLA Art and Global Health Center

UCLA Labor Occupational Safety
and Health Program

WORLD Policy Analysis Center



<p>8:30- 9:00 AM</p>	<p>Breakfast and Networking / Plaza Rooms A & B</p>
<p>9:00- 9:30 AM</p>	<p>Welcome & Opening Remarks / De Neve Auditorium MICHAEL A. RODRÍGUEZ, MD, MPH Director, UCLA Blum Center C. CINDY FAN, PhD Vice Provost for International Studies, UCLA</p>
<p>9:30- 10:15 AM</p>	<p>Keynote Address / De Neve Auditorium International Partnerships for Improving Health and Reducing Poverty: Human Capital and Health Systems Status in Latin America WILLIAM VEGA, PhD Executive Director, USC Edward R. Roybal Institute on Aging</p>
<p>10:15- 10:30 AM</p>	<p>Break</p>
<p>10:30- 11:55 AM</p>	<p>Plenary Session 1 / De Neve Auditorium Strengthening Health Systems and Workforce Development: The UCLA Blum Center Moderator: MICHAEL A. RODRÍGUEZ, MD, MPH Director, UCLA Blum Center <i>Health Workforce Training and Management Programs at Work</i> TANIA DESGROTTE, MD Director, Dr. Henri Gerard Desgranges Foundation <i>Health System Reform and Development of Human Capital</i> FREDDY ALBERTO MEYNARD MEJÍA, MD Dean, Faculty of Medical Sciences, Universidad Nacional Autonoma de Nicaragua</p>





<p>Noon - 1:00 PM</p>	<p>Luncheon Address / Plaza Rooms A & B Welcome Remarks CARLOS M. SADA Cónsul General de México en Los Ángeles IDB's Bet to Accelerate Millenium Development Goals 4 and 5 in the Americas: Reducing Equity Gaps FERDINANDO REGALIA, PHD Chief, Social Protection and Health Division, Inter-American Development Bank</p>
<p>1:00 PM- 2:25 PM</p>	<p>Student Poster Presentations / Plaza Rooms A & B Student research on: -Social Determinants of Health in Latin America -Health Systems and Workforce Issues in Latin America -Impact of Poverty on Health in Latin America -Policy and Health in Latin America -Migration and Health in Latin America</p>
<p>2:30- 3:45 PM</p>	<p>Plenary Session 2 / De Neve Auditorium Advancing Stakeholder Engagement: Innovative Approaches for Cross-Disciplinary Collaboration to Advance a Culture of Health. A panel conversation discussing: -Values and Social Cohesion: Major Trends in Societal and Individual Awareness of Health and Well-Being -Multi-Sectoral Collaboration: Moving all Sectors of a Community toward Policies and Programs that Work -Putting Data in the Driver's Seat to Steer Policy and Systems to Promote High-Quality, Equitable Health Moderator: ALONZO PLOUGH, PHD, MPH Vice President for Research and Evaluation and Chief Science Officer, Robert Wood Johnson Foundation Panelists: MARYAM FARZANEGAN, PHD UNICEF Senior Advisor (former) DAVID MAYER, PHD Professor of Economics, Centro de Investigación y Docencia Economicas GISELE ALMEIDA, DRPH, MSC Advisor, Health Systems and Services, Pan American Health Organization</p>





<p>3:50- 5:00 PM</p>	<p>Plenary Session 3 / De Neve Auditorium Using Data to Drive Results: A Closer Look at Innovations for Tackling Health Disparities in Mesoamérica and Beyond</p> <p>Moderator: BREENA R. TAIRA, MD, MPH Assistant Clinical Professor, Emergency Medicine, UCLA Medical Center</p> <p><i>Independent Verification of Results in Results-Based Financing</i> DIEGO RIOS ZERTUCHE, MPA Monitoring and Evaluation Officer, Salud Mesoamérica 2015 Initiative, Panama</p> <p><i>Institute of Health Metrics and Evaluation: Innovations in Data Collection for SM2015</i> ALI H. MOKDAD, PhD Professor, Institute for Health Metrics and Evaluation</p> <p><i>How SM2015 Uses Data to Reduce Health Disparities</i> JENNIFER A. NELSON, MPH Technical Official, Salud Mesoamérica 2015 Initiative, Panama</p>
<p>5:00- 6:30 PM</p>	<p>Reception and Networking / Plaza Rooms A & B Welcome Remarks SCOTT L. WAUGH, PhD Executive Vice Chancellor and Provost, UCLA</p> <p>Presentation of UCLA Blum Center Summer Scholars</p> <p>Performances by UCLA Student Performance Groups Mariachi Uclatlán, Ballet Folklorico and the Latin American Troupe</p>





8:00 - 8:30 AM	Breakfast and Networking / Plaza Rooms A & B
8:30 - 8:45 AM	Introductory Remarks / De Neve Auditorium MICHAEL A. RODRÍGUEZ, MD, MPH Director, UCLA Blum Center
8:45 - 9:45 AM	<p>Plenary Session 4 / De Neve Auditorium Scaling Up Innovations to Decrease Inequities in Poverty and Health: Regional Efforts</p> <p>Moderator: JORGE LAZAREFF, MD Professor Emeritus, UCLA Neurosurgery</p> <p><i>Using Demand-Side Incentives to Scale-up Maternal Health Care: Examples from the Mesoamerican Region</i> EMMA SANCHEZ MONIN, MPA Lead Social Protection Specialist, IDB & Team Leader Nicaragua Operation, Salud Mesoamérica 2015 Initiative</p> <p><i>Using Supply-Side Incentives to Increase Quality of Care: Decentralizing Health Services in Honduras</i> SANDRA PINEL-GODOY, MD Vice-Minister of Health Networks, Honduras Ministry of Health</p> <p><i>Scaling Up Coverage and Quality in Argentina: Plan Nacer to Plan Sumar</i> MARTÍN SABIGNOSO National Coordinator, Programa Sumar, Argentina Ministry of Health</p>
9:45 - 10:00 AM	Break





<p>10:00 AM - Noon</p>	<p>Working Session 1 / Plaza Rooms Best Practices for Advancing Stakeholder Engagement in Latin America</p> <p>Working Session 1A <i>Values and Social Cohesion: Major Trends in Societal and Individual Awareness of Health and Well-Being</i> Facilitator: MICHAEL A. RODRÍGUEZ, MD, MPH Director, UCLA Blum Center</p> <p>Working Session 1B <i>Multi-Sectoral Collaboration: Moving all Sectors of a Community Toward Policies and Programs that Work</i> Facilitator: DAVID MAYER, PhD Professor of Economics, Centro de Investigación y Docencia Economicas</p> <p>Working Session 1C <i>Putting Data in the Driver's Seat to Steer Policy and Systems to Promote High-Quality, Equitable Health</i> Facilitator: STEVEN P. WALLACE, PhD Chair, Department of Community Health Sciences UCLA Fielding School of Public Health</p>
<p>Noon - 12:15 PM</p>	<p>Closing Remarks / Plaza Rooms MICHAEL A. RODRÍGUEZ, MD, MPH Director, UCLA Blum Center</p>





Center Director & Master of Ceremonies

MICHAEL A. RODRÍGUEZ, MD, MPH
Director, UCLA Blum Center on Poverty
and Health in Latin America

Professor, UCLA Department of Family Medicine

Dr. Rodríguez is the founding director of the UCLA Blum Center on Poverty and Health in Latin America, professor and vice chair for Research in the Department of Family Medicine at the David Geffen School of Medicine at UCLA, co-director of the Center of Expertise on Migration and Health (COEMH) at the UC Global Health Institute (UCGHI), and associate director of the UCLA Primary Care Research Fellowship.



His research activities focus on health disparities and social determinants of health. He is a leading researcher and policy expert in the areas of intimate partner violence, quality of health care for multiethnic populations across the age spectrum, and workforce diversity.

Keynote Speaker

WILLIAM VEGA, PHD

Provost Professor, University of Southern California (USC)
Executive Director, USC Edward R. Roybal Institute on Aging

Dr. Vega is a provost professor at USC with appointments in social work, preventive medicine, psychiatry, family medicine, psychology and gerontology. An elected member of the Institute of Medicine, Dr. Vega has conducted community and clinical research projects on health, mental health and substance abuse throughout the United States and Latin America. His specialty is multi-cultural epidemiological and services research with adolescents and adults.



He is also the executive director of the USC Edward R. Roybal Institute on Aging and an emeritus professor at the University of California, Berkeley. Prior to joining the Roybal Institute, Vega was director of the Luskin Center on Innovation, professor in the Department of Family Medicine and an associate provost at UCLA. In 2006, the ISI Web of Science listed him in the top half of one percent of the most highly cited researchers worldwide in social science literature during the past 20 years. He is the recipient of many awards and, most recently in 2013, he received the Rema Lapouse Award from the Mental Health, Epidemiology, and Statistics Sections of the American Public Health Association.



Key Presenter

ALONZO PLOUGH, PhD, MPH

Vice President, Research-Evaluation-Learning and Chief Science Officer

Robert Wood Johnson Foundation

Dr. Plough joined the Robert Wood Johnson Foundation as vice president, Research-Evaluation-Learning and chief science officer in January 2014. Plough came to the Foundation from the Los Angeles County Department of Public Health, where he served as director of emergency preparedness and response from 2009–2013. In that role, Dr. Plough was responsible for the leadership and management of the public health preparedness activities protecting the 10 million residents of Los Angeles County from public health emergencies. Prior to this position, Dr. Plough served as vice president of strategy, planning and evaluation for The California Endowment from 2005–2009. Dr. Plough also served 10 years as director and health officer for the Seattle and King County Department of Public Health, and professor of health services at the University of Washington School of Public Health in Seattle. He previously served as director of public health in Boston for eight years.



Key Presenter

FERDINANDO REGALIA, PhD

Chief, Social Protection and Health Division
Inter-American Development Bank (IDB)

Dr. Regalia has extensive experience in Latin America, the Caribbean and Africa. Prior to his appointment to serve as chief of the Social Protection and Health Division of IDB, he served as advisor to the IDB Vice President for Sectors and Knowledge (2008-2009), as chief of Social Policy and Economics at UNICEF South Africa (2008-2007), and as social protection specialist in the Sector Operations Department 2 (Central America, Dominican Republic and Mexico) and Poverty Economist in the Poverty Unit at the IDB (1999-2006). In these roles, he led the preparation of key lending operations and technical assistance projects in social protection, particularly non-contributive social assistance programs, labor markets and health. Dr. Regalia has published in peer-reviewed journals such as *Population Studies*, *Journal of Development Effectiveness*, *Economics of Education Review* and *Journal of Labor Economics* and is the author of book chapters on social protection and result based financing mechanisms in both social protection and health. Dr. Regalia, of Italian nationality, holds a PhD and a Masters in Economics from Universitat Pompeu Fabra, Barcelona, Spain.





GISELE ALMEIDA, DRPH, MSc
Advisor, Health Systems and Services, Pan American Health Organization

Dr Almeida is advisor in Health Systems and Services Analysis and the coordinator of the EquiLAC Project of the Pan American Health Organization/World Health Organization (PAHO/WHO) in Washington, DC. She provides technical cooperation to countries for the strengthening of monitoring and evaluation processes, use of evidence in public policies, and assessment of health systems performance. She is currently directing a multi-country study on the evolution of equity in health systems and their implications to public policy in the region. She has extensive expertise in health systems research, health services management tools, evaluation methods, and project management.



TANIA DESGROTTE, MD
Administrative Director, Dr. Henri Gerard Desgranges Foundation

Dr. Desgrottes has worked in the global health field for eight years, with a strong focus in sexual reproductive health and improving access to care. She is based in New York, and is currently the administrative director for the Dr. HGD Foundation in Petit Goave, Haiti where she leads efforts in strategic partnerships.



CINDY FAN, PhD
Vice Provost for International Studies and Professor, UCLA Department of Geography

Dr. Fan, interim vice provost for International Studies at UCLA, directs the International Institute's 30 interdisciplinary centers and degree programs on world regions and global issues. She also has broad responsibility over the university's global strategy, international partnerships and agreements, and engagement with international dignitaries. Prior to her vice provost appointment, Dr. Fan served as associate dean of Social Sciences, chair of the East Asian Studies Interdepartmental Program, and chair of the Asian American Studies Department.





MARYAM FARZANEGAN, PhD
UNICEF Senior Advisor (former)

Dr. Farzanegan's research, teaching, and personal interests focus on policies and programs related to the provision of equitable basic services for the world's most marginalized and underserved children. She has 20 years of practical experience working with UNICEF in New York, field offices in Africa and Asia, and the UNICEF Innocenti Research Centre in Florence, Italy. Through her work with policy makers and practitioners worldwide, and through teaching at universities, she has advocated strongly for the rights of the world's most disadvantaged children to health care, education and social protection. Prior to joining UNICEF, she served as assistant professor of Occupational Health Sciences at the New York Institute of Technology and as staff research associate in the UCLA School of Public Health.

JORGE A. LAZAREFF, MD, FAANS
Professor Emeritus, UCLA Neurosurgery

Dr. Lazareff was born and educated in Argentina. He is the former head of the department of Neurosurgery at the Hospital Infantil de Mexico "Federico Gomez." He has served as the director of Pediatric Neurosurgery at UCLA until becoming Emeritus Professor of Neurosurgery in June 2013. Dr. Lazareff is involved in various international endeavors aiming at improving in low- and middle-income countries the care of children with congenital diseases of the central nervous system. He serves as a mentor of the UCLA Nicaragua Project and is currently the director of International Medical Initiatives at the UCLA Center for World Health.



DAVID MAYER, PhD
Professor of Economics, Centro de Investigación y Docencia Economicas

A Mexican national, since 1991, Dr. Mayer has served as an economics researcher at Centro de Investigación y Docencia Economicas, A.C. (CIDE) in Mexico where he also directs the journal *Economía Mexicana*. He has worked at the Kiel Institute for the World Economy, and as faculty in the economics departments of Brown University and UCLA. He was a member of the Mexican Commission on Macroeconomics and Health, and has conducted research for several international organizations such as PAHO and UNDP. His research interests include poverty traps in human development and technology. His multiple steady state models of endogenous technological change represent underdevelopment as a long-term, dynamic poverty trap and explain globalization and its current crisis.



ALI MOKDAD, PhD

Professor, Global Health, University of Washington

Dr. Mokdad is director of Middle Eastern Initiatives and professor of Global Health at the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. In this role, he is building IHME's presence in the Middle East through new research projects, dissemination and consultation with regional leaders in population health. He also leads the survey and surveillance activities at IHME with his expertise in survey methodology, health surveys, surveillance, chronic diseases, and emergency and response.



FREDDY ALBERTO MEYNARD MEJÍA, MD, MPH

Dean, Faculty of Medical Sciences

Universidad Nacional Autónoma de Nicaragua

Since 1982, Dr. Mejía has served as a professor at the National Autonomous University of Nicaragua (UNAN) and is currently the dean of the Faculty of Medical Sciences. He has worked on quality improvement of teaching and health services, and led the development and implementation of training programs involving medical and paramedical personnel. He has served as director of regional hospitals to lead and strengthen the process of decentralization, the outsourcing of services, and the development of new management strategies and alternative financing for health care. He has also served as head of health divisions at national and regional levels to coordinate administration, health care assistance, and application of public health laws. He currently is the driving force for the decentralization of medical training resources for Nicaragua.





JENNIFER NELSON, MPH

Technical Officer, Salud Mesoamérica 2015, Panama

Ms. Nelson is the technical officer of SM2015 based in the Panama Country Office of the Inter-American Development Bank (IDB). She has worked with SM2015 since 2010, serving on various country teams, and currently leads the regional Policy Dialogue and Learning components of the SM2015, in addition to the regional- and country-level Dashboards, which assist with program monitoring and health information system strengthening.



SANDRA PINEL GODOY, MD

Vice Minister, Integrated Health Networks Ministry of Health, Honduras

Dr. Pinel is the vice minister of Integrated Health Networks of the Government of Honduras. Within the Ministry of Health, Dr. Pinel has developed, managed and supervised various health programs including the promotions of immunizations, maternal and child health, family planning, and the fight against dengue, tuberculosis, and HIV/AIDS, among others. She has been a leading player in the development of policies related to the health sector reform and decentralization. Dr. Pinel has extensive experience in planning and monitoring strategic alliances with international aid agencies such as the IDB, the World Bank, PAHO, USAID, JICA as well as local municipalities, associations, non-governmental organizations, and civil society.



DIEGO RIOS-ZERTUCHE, MPA

Monitoring and Evaluation Officer, Salud Mesoamérica 2015, Panama

Mr. Rios-Zertuche is a monitoring and evaluation officer at the SM2015 Initiative located in the Panama Country Office of the Inter-American Development Bank (IDB). He oversees performance measurement of health care coverage and quality under the Initiative's result-based financing model. Mr. Rios-Zertuche is directing the implementation of system dynamics models to support strategic decision-making in the health care sector, and is also the focal point for research partnerships with academic institutions.



MARTÍN SABIGNOSO

National Coordinator

Programa SUMAR Argentina Ministry of Health

Mr. Sabignoso is the national subcoordinator for Plan Nacer of the National Ministry of Health (Argentina). Through his work, Plan Nacer expanded its coverage and integration with other social policies. The program now provides health coverage to 10 million people nationwide. Additionally, he has developed a comprehensive and rigorous evaluation agenda; the program is the first in the region to obtain positive impact evaluation results through quantitative methods. Mr. Sabignoso currently advises the Public Health Institute in Mexico and the Health Ministry in Colombia in regard to designing health plans and result-based financing methods.



EMMANUELLE SÁNCHEZ-MONIN, MPA

Lead Social Protection Specialist, Inter-American Development Bank

Team Leader Nicaragua Operation, Salud Mesoamérica 2015

Ms. Sánchez is a lead social development specialist with the Division of Social Protection and Health of the Inter-American Development Bank (IDB) where she has served the Nicaragua Country Office since 2008. She is responsible for policy dialogue and the development and supervision of the social sector portfolio of the Bank with the Nicaraguan Government. As such, she has prepared and is supervising a current portfolio of five investment operations for a total of US\$135 million in health only, including the first operation in Nicaragua of the Salud Mesoamérica 2015 Initiative, sponsored by the Bill & Melinda Gates Foundation, the Carlos Slim Health Institute, and the Government of Spain.





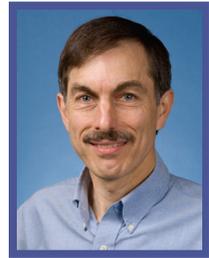
BREENA R. TAIRA, MD, MPH
 Assistant Clinical Professor, Emergency Medicine, UCLA
 Medical Center

Dr. Taira is an assistant clinical professor of emergency medicine at Olive View- UCLA Medical Center and an affiliated faculty member of the UCLA Blum Center. Her research domestically focuses on health literacy and injury prevention as a means to eliminate health disparities. Dr. Taira is an active member of the WHO's Global Initiative for Emergency and Essential Surgical Care (GIEESC). She is also the director of Project SEMILLA/Friends Health, a collaboration of U.S. and Nicaraguan health care professionals aimed at improving emergency capacity through education. The group has developed and implemented courses in Resuscitation, Emergency Ultrasound, and First Aid for Nicaraguan health care providers.



STEVEN WALLACE, PHD
 Chair, Department of Community Health Sciences
 UCLA Fielding School of Public Health

Dr. Wallace is associate director of the UCLA Center for Health Policy Research. He has studied migration issues since the mid-1980s when he published work on Central American immigration to the United States and the effects of immigration reform (IRCA) on immigrant communities in the San Francisco Bay area. His interest in migration issues has focused primarily on access to health care, especially for Latin American immigrants and in Latin America.



SCOTT L. WAUGH, PHD
 Executive Vice Chancellor and Provost, UCLA

Dr. Waugh is the chief operating and academic officer for the campus. He works closely with the Chancellor and an extensive group of campus colleagues in guiding strategic planning, policy development, campus-wide academic initiatives and in defining budgetary and development priorities. He has previously served as the Dean of the Division of Social Sciences in the College of Letters and Science, where he holds a professorial appointment in the Department of History.





The following posters were selected from undergraduate students enrolled in the Freshman Cluster Course, Poverty and Health in Latin America as well as graduate and medical students with interests in health in Latin America.

Malnutrition in Peru

CATHERINE ACHY

Lack of access to food is a serious issue for Peruvian children. In 1993, 48% of Peruvian children aged <5 years were malnourished. Malnutrition contributes to infant mortality rates, stunting, deficiencies, and other diseases. The NGO CARE has worked with politicians to implement child nutrition policies, including providing breakfast at schools to ensure that children receive adequate nutrients, implementing education programs for mothers, investing in health infrastructure, such as building more health facilities and hiring more health workers. To maximize program effectiveness, NGO CARE employs software, specifically ProPAN and Optifood, to identify the greatest dietary needs within a community and to recommend the best food combinations based on cost and availability. As a result of such efforts, Peru's infant mortality rate has been reduced by 50% since 1986, malnutrition is now only 18% (2005), anemia rates to 14% (2005), and stunting to 4.7% (2005) in urban areas. Yet for all the program's hallmarks, NGO CARE's efforts have not severely affected rural regions. For example, roughly 50% of indigenous Andean children still experience stunting. This poster presentation examines how the improvements in child nutrition seen in urban Peruvian settings can be translated to similar success in rural communities.

Directing the Safety Concerns Affecting Health within an Impoverished Rural Community in Mexico

TAYNEL ALBARRAN; ELIZABETH BLAS; JANICE CASTRO; WENDY CERVANTES;

TRACY DE LOS SANTOS; MARIA VENEGAS; LATINO STUDENT HEALTH PROJECT AT UCLA

For over 10 years, we have worked with the rural community of Cerro Azul, near Tecate, Mexico, to run a free clinic staffed with medical residents from the Harbor-UCLA Medical Center. The clinic, run four times a year, provides free basic medical services and health workshops. The community of Cerro Azul consists of families whose income is from pottery-making and domestic work. Through this research project we seek to further analyze community needs evaluations and clinical data in order to implement effective measures that would improve the community's personal and environmental conditions. Based on results obtained from the last three clinics, pressing issues in the community include drug abuse among youth, domestic abuse, gang violence, lack of security and diminished levels of mental and physical wellness. By methodologically assessing our current work in Cerro Azul, we aim to obtain findings that will promote the health and well-being of residents of Cerro Azul and other rural communities.





Sex Trafficking in Mexico: The Impact Sex Trafficking Has on Women and What Actions Mexico Is Taking to Alleviate the Problem

ANAKAREN ANDRADE

Sex trafficking of women is a prevalent issue in the northern region of Mexico. Cities near the U.S./Mexican border, such as Tijuana, are hot spots for sex trafficking. Every year, more than 10,000 women are trafficked internally in Mexico. Most of the victims are young, impoverished women seeking financial opportunity, but, instead, fall into the hands of sex traffickers. Victims of sex trafficking suffer both from increased mental and physical health risks, such as the psychological impact of being forced to sleep with multiple men per day and the lack of contraceptive use leading to sexual disease transmission. To combat this problem, Mexico has joined with USAID to create two programs, PROTEJA and FEVIMTRA, designed to increase trafficking awareness, prosecute crimes against women and human traffickers, and provide shelter to victims. Though PROTEJA and FEVIMTRA have reduced trafficking in Mexico, greater support from the Mexican government, in the form of programs designed to conduct research, increase awareness, and provide shelter to victims, is necessary to effectively counteract trafficking.

Reproductive Health and Health Rights in Buenos Aires, Argentina

JORGE BARAHONA

Women in Buenos Aires are still facing women's reproductive rights issues that are affecting the overall quality of their health and possible future. There are four focus areas revolving around significant characteristics of women's reproductive health that are key issues in Buenos Aires: reproductive health education, contraception, abortion, and maternal health. Clear health and safety violations in hospitals, along with discriminatory legislature that restricts women's reproduction rights, have created an environment that marginalizes women's reproductive rights leading to discrepancies in their health. This poster presentation examines multiple reports to analyze the characteristics in each of the four focus areas. The study will also discuss the significance of the approaches used and will compare effectiveness in reaching objectives.

The Effect of Resource Accessibility on Quality of Life and Health in Marginalized Community in Mexico

REBECCA BARBER; LYOLYA HOVHANNISYAN; PRISCILLA PEREZ; GRACE MAHER; EFRAIN TALAMANTES, MD

The Flying Samaritans at UCLA is a student-run organization that provides medical aid and health education to Colonia Margarita Moran, an underserved community located outside of Tijuana, Mexico. As a community formed largely of individuals relocated because of flooding and mudslides, it is not well-developed and lacks the most basic living necessities, such as paved roads, potable water and sewer systems, health care, and safe and sanitary housing. Our project describes how our student group partnered with the local community to establish a medical clinic where we provide free basic care and health education. We will present findings from our community needs health assessment; preliminary observations suggest that poor nutrition, inadequate hygiene, limited access to municipal resources, and a high incidence of unplanned pregnancy have contributed to a lower quality of life and have decreased mental and physical well-being.



Diabetes Awareness Study in Petit Goave, Haiti

REBECCA BARBER; JOEY CIOFFI; LYOLYA HOVHANNISYAN; TANIA DESGROTTES, MD; DAVID CUTLER, MD

The Pan American Health Organization reports diabetes to be the eleventh leading cause of death in Haiti, the poorest country in Latin America. Yet, there is little information regarding the prevalence and awareness of diabetes in the country. Diabetes is a major global public health problem affecting 347 million people worldwide, and 80% of diabetes-related deaths occur in low- and middle-income countries. We hypothesize that there is an inadequate awareness of diabetes in Haiti. To determine diabetes awareness, we will conduct a survey of patients from the HGD clinic and community volunteers. The questionnaire will evaluate knowledge of diabetes, including contributing factors and possible complications. We expect that our results will aid health professionals working in Haiti to develop appropriate diabetes education programs in medical and community settings.

Nutrition and Food Security in Brazil

ANNA CASTRO

Brazil continues to experience one of the highest levels of inequity in the world in terms of access and availability of nutritious food. To combat this malnutrition, the Brazilian government has partnered with civil society groups, such as the National Council for Food and Nutrition Security (CONSEA), to establish Bolsa Familia, which subsidizes the cost of adequate nutrition, providing food security to approximately 25% of the Brazilian population. Additionally, the National School Meals Program covers 46% of public school students and provides 70% of a student's daily nutritional needs. Finally, PRONAF and PAA, two agricultural-based programs, provide two million families with assistance in commercializing their products locally. Data show that these combined efforts have reduced the incidence of malnutrition by almost 30%. The Brazilian program can be a model for other Latin America countries. Meanwhile, Brazil should continue to improve its program by establishing greater government and civil society collaboration at both the national and local levels.

Maternal Health of Indigenous Women in Southern Mexico

HEIDI BAUTISTA

Indigenous women in southern Mexico have poor maternal health due to poverty, lack of education, lack of transportation resources, and shortage of medical staff in rural areas. Government programs such as Conditional Cash Transfer Programs like Oportunidades in Mexico have been implemented to help families send their children to school, and to provide them with money to buy food and acquire health services. However, this government program has not been able to specifically address the issue of maternal mortality rates in the indigenous population of southern Mexico. In Oaxaca, Mexico the NGO GESMujer has been established to support women by providing them with services such as psychological and legal consultations and workshops that inform them about sexual and reproductive health, gender equality and prevention of interfamily violence. Furthermore, NGOs like GESMujer not only provide services that lead to the reduction of maternal mortality rates, but they also provide an avenue of awareness of women's rights and give moral support to women who are facing tough situations.





Access to Water in Urban and Rural Haiti: Attempts at Solutions

KATIE BAYARD

Even before the earthquake that took place in Port-au-Prince in 2010, Haitian inhabitants suffered from inadequate access to clean water and sanitation. After the earthquake, however, conditions became catastrophic and unlivable. Multiple sources report that Haiti is the poorest country in the Western hemisphere and, as such, requires much focus and attention in order to bridge the gap in water availability. In addition, the recent cholera outbreak in Haiti further creates the need for urgent health care and environmental programming in the region. The Inter-American Development Bank has implemented multiple specifically crafted programs in Haiti to address some of these needs. Its most recent and ongoing endeavor, Port-au-Prince Water and Sanitation Project II, achieves what others in the past have failed to do by specifically addressing problems regarding urban water services, and working with the government to propose effective solutions. We examine the Inter-American Development Bank's work in Haiti and determine how IDB's presence has helped ensure that every person has access to clean water.

HIV and Syphilis Testing Preferences of Men Who Have Sex with Men and Transgender Women in Lima, Peru

CLAIRE C. BRISTOW, MSc; SUNG-JAE LEE, PhD; SEGUNDO R. LEON, MT;
 LOURDES B. RAMOS; SILVER K. VARGAS RIVERA; CARLOS F. CACERES, MD, MPH, PhD;
 JEFFREY D. KLAUSNER, MD, MPH

Men who have sex with men (MSM) and transgender women (TGW) in Peru are at high risk for syphilis and HIV infection. Failure to identify and cure persons with infectious syphilis and HIV increases patient risk for morbidity and mortality and facilitates continued transmission. Conjoint analysis is an innovative method for systematically estimating consumer preferences across discrete attributes. We aimed to identify factors associated with testing preferences for HIV and syphilis infection among MSM and TGW in Lima, Peru. We created 8 hypothetical test profiles varying across five dichotomous attributes: cost, potential for false positive result, time-to-result, blood draw method, and number of draws. Participants were asked to rate each hypothetical test using Likert preference scales. We recruited 420 MSM and TGW aged ≥ 18 years from two STD clinics in Lima, Peru. Our results indicated that cost had the highest impact on testing preference, followed by no potential for false positive result, quick time-to-result, and only one blood draw.

Child and Infant Mortality in Brazil: An Assessment of the Family Health Program

MARILYNDA BUSTAMANTE

Infant mortality is a health issue that plagues low-income communities across the globe, potentially leading to further health implications for the mother and child. In Brazil, collective efforts to change socioeconomic indicators, non-health sector reform, and the integration of governmental and nongovernmental organizations have led to significant improvements in infant and maternal health issues (eg, infant/maternal mortality, child nutrition, avoidable caesarian sections, reproductive health, and general child health). Although the approaches and reform developments addressing these health disparities have improved dramatically, substantial issues still remain. We assess the implementation of national and statewide programs in Brazil, analyzing the health issues as well as proposing possible steps for improving existing programs.



Responding to Increasing Rates of Sexually Transmitted Diseases (STDs) in Brazil's Street Children

YAQUELIN CUEVA

Since the mid-1980s, Brazil has seen an increase in the number of children afflicted with HIV/AIDS. According to World Health Organization, more than 50,000 children and adolescents are HIV positive in Brazil, with street children most at-risk. In response to this problem, UNICEF has created the Boys and Girls Project, designed to reduce exposure of street children to HIV/AIDS risk factors in their living environment, (e.g., unprotected sex and intravenous drug consumption). Yet, despite thorough planning by UNICEF, the Boys and Girls program lacks political priority from the Brazilian government. This project analyzes how one of the most vulnerable groups in Brazil, street children, are being affected by environmental exposures placing them at high risk for contracting STDs.

The HIV/AIDS Crisis in Haiti and Program Responses

JESSA CULVER

In 2004, Haiti had the highest HIV/AIDS rate, 3.4%, in the western hemisphere. In response, two non-governmental organizations, Partners in Health (PIH) and Gheskio, have employed a multifaceted approach that includes counseling, testing, antiretroviral treatment, education about transmission risks, and training of health care personnel. Since these interventions by PIH and Gheskio, the prevalence of HIV/AIDS in Haiti dropped to 2.1%; many attribute this decline to the effectiveness of these interventions, which can serve as a model for other countries around the world.

Haiti: The NGO Response

KARLA FERNANDEZ

Haiti, one of the poorest and most densely populated countries in Latin America, was hit by a 7.0 magnitude earthquake in January 2010. This disaster caused great damage to the country's infrastructure, as well as its economy and its ability to provide health services. In order to help alleviate these problems, many organizations contributed with various forms of aid. This poster presentation examines how different institutions operated to provide aid to this country. Some of the main non-governmental organizations involved were the Pan American Health Organization (PAHO), World Health Organization (WHO), and Partners in Health (PIH). As a response to the disorganization of many different institutions, PAHO and WHO opted for the formation of a cluster to ensure that every organization aimed their services to a specific area. Through the creation of this cluster, the groups established 17 hospitals, delivered more than 1000 emergency boxes, and established monitoring systems to ensure that their services had positive results while PIH delivered mental services to Haitians. One way to improve these organizations' outcomes could be a faster assessment of health services and the training of staff by professional health care providers.





Project HOPE and Diabetes in Mexico

KAREN FIGUEROA

Diabetes is one of the greatest health problems seen in Mexico. In recent years, diabetes has become one of the main causes of death in Mexico. In Nezahualc6oyot, one of Mexico City's districts, high rates of diabetes are found among its residents who have received very minimal education and health education throughout their lives. Project HOPE, a non-profit organization, has created and implemented strategies and programs in Nezahualc6oyot to help educate these people. As a result of using a five-step strategy that includes educating citizens on blood sugar levels, weight, healthy eating, exercising, and creating relationships with professionals, those with diabetes have learned how to improve their lives and control their condition. Project HOPE has also aided the implementation of a school program calling for healthier eating, exercise and greater water consumption to help prevent diabetes among children. The multiple programs not only address the prevention of diabetes, but also help minimize the effects of diabetes. Project HOPE, the community and other programs have helped improve the quality of life of many Mexico City citizens.

Multicriteria-Based Risk Ranking of Foodborne Parasites in Latin America and the Caribbean

REBECCA FOELBER, CRISTINA TIRADO

The public health burden of parasitic foodborne diseases is underappreciated in the developing world. The diseases often disproportionately affect economically vulnerable communities and may cause both an immediate health burden and chronic disease and disability. In September 2012, a joint FAO/WHO expert meeting convened to rank foodborne parasites on a global level. Public health and international trade impacts were assessed to rank parasites by importance. This study's objective was to apply the methodology used by FAO/WHO to a regional analysis of foodborne parasites in Latin America and the Caribbean (LAC).

A regional database for South America was obtained from FAO/WHO based on a call for data on foodborne parasitic diseases and the collection of published information. A multicriteria-based risk ranking methodology is used to rank 16 foodborne parasites found in LAC. Semi-quantitative criteria and weights have been adapted from the global parasite ranking exercise. The criteria address the public health impact of the parasites, including the burden of disease, regional geographic distribution, likelihood of an increase in disease, and impact on economically vulnerable communities.

The final step, which is currently on-going, is to individually score the parasites and create a ranked order. A formal expert elicitation will be used to assist in the scoring of parasites, particularly where there are discrepancies or gaps in available data. Ultimately, the goal of this prioritization study is to have the results used for decision making regarding food safety policies related to the control and prevention of parasitic foodborne diseases in LAC.



Integrated Use of Video-based Improvisation and Focus Group Discussion to Develop an HIV/STI Prevention Telenovela for Men Who have Sex with Men (MSM) and Transgender Women (TW) in Lima, Peru

DAVID HARRISON, MS; AMAYA PEREZ-BRUMER, MPH; JESSE CLARK, MD

HIV/AIDS prevention research seeking to understand gender, sexuality, and HIV risk within marginalized populations has been limited by both researchers' and community members' preconceived knowledge of key issues. As a result, when participants are aware of the public health language for prevention, they are likely to provide information and describe their personal experiences by repeating the language and themes of public health discourse, which can limit discussion of other ways of talking about individual health decision-making. Interactive focus groups, with particular respect to role-playing improvisational exercises, have been proven to be a successful method of qualitative data collection on particularly sensitive topics. Yet, to our knowledge and until this study, few, if any, focus groups have been implemented within the highly stigmatized world of HIV in Latin America. Fifteen workshops were held during five weeks, which included both focus-group discussions as well as improvisational role-playing activities, covering common topics directly related to our population, such as partner notification, condom negotiation, and homophobia. Data were collected using both video and audio recordings, transcribed according to a codebook developed for this project, and then analyzed with regard to other similar studies. Compared to previous studies, we discovered that roleplaying allowed for a great deal of diversity in responses, prompted numerous quality discussions, increased the ease in which data were collected, and overall is a valuable tool for qualitative data collection. In conclusion, these role-playing exercises have proven to be a valuable tool for our setting, and may be implemented for qualitative data collection for other challenging topics.

Mexico's Primary Health Policy

GUADALUPE HERNANDEZ

Research indicates that the Mexican government considers health care development as a top priority since it is related to a higher standard of living, lower mortality rates, and more accelerated national development. Yet, while Mexico's health care policy reform nears the peak of its innovation, the Mexican government still fails to encounter basic health care issues that afflict large segments of its population. In this study, I examined: 1) other Latin American country's health care policy components to determine what primary health care approach works; 2) governmental and health databases to determine if Mexico succeeds in addressing basic primary health care issues including prevention approaches; and 3) Mexico's health care policy in a broader scope to determine the consequences of health care reform issues on the overall development of Mexico.





The Link between Maternal Education and Child Nutrition Status in Bolivia

SAMARIA DENISE HUDSON

Bolivia is one of the poorest nations in Latin America and consequently has some of the poorest health outcomes in Latin America. In response, two major NGOs, the Warmi Project and the Census- based Impact Oriented (CBIO), have sought to improve maternal and neonatal health services in rural communities. Through Warmi and CBIO, 275000 women accessed perinatal care, education about breastfeeding, and immunization, reducing the perinatal mortality rate by 50%. These programs serve as examples by which NGOs can have significant positive health impact on rural Latin American communities, independent of central government institutions.

Alternative Methods Used to Address the Issue of Child Malnutrition in Honduras

FIONA KENNEDY

In Honduras, one in every three children is malnourished and it is tragically the most common cause of death for children of Honduras. Many of the nation's families are not financially capable of providing their children with a substantial diet and, often, limited food is available in local communities. Four programs, both private and governmental, have been observed in their progress to successfully address the childhood malnutrition that hinders proper development and healthy futures. Food-supply programs directly provide food to children in school and families during natural disasters; cash transfer programs give financial rewards to increased education and usage of health services to promote better nutrition. In addition, counseling in the communities is seen as an effective way to empower and motivate families to focus on improving the nutritional and basic health for better development. All approaches have been found to be effective, as long as dedication, funding, and proper leadership of these programs are present.

The Solution to HIV/AIDS Pandemic in Mexico

ALIA MANETTA

Recently, Mexico has experienced a steady increase in the rate of HIV/AIDS infections. Primary factors that have accelerated this epidemic include religion, culture and gender roles. This research evaluates the efficiency of both the Mexican government and non-governmental organizations (NGOs) in addressing HIV/AIDS prevention and treatment programs. For future approaches, conditional cash transfer programs and community outreach programs should take into consideration cultural factors that play a role in increasing the risk of Latino adolescents falling prey to these infections. Programs must also identify culturally and spiritually appropriate intervention measures to reduce STI/HIV rates. To provide equal access to health care, the Mexican government needs to train health workers and clinics in the use of antiretroviral treatment (ART), and ensure that it is available to all through universal health care. Programs must also continue to adapt to the changing needs of the population by raising awareness about roles related to sexual behavior, as well as the stigma associated with HIV/AIDS. Through these programs, Mexico can better identify high-risk population groups, mitigate risk factors, and improve the health and well-being across national and international settings.



Zero Hunger Pact

CHRIS MULLALLY

Guatemala currently faces an epidemic of chronic malnutrition, especially prevalent in the youth of indigenous populations. In 2012, to combat this issue, the Guatemalan government unveiled the Zero Hunger Pact (ZHP) program aimed at reducing chronic malnutrition by 10% by 2015. While the program includes neonatal health programs and increased access to fresh water, lack of attention to equitable agrarian reform, increasing vulnerability to natural disasters and climate change, and limited tax revenue may hinder the effectiveness of ZHP.

Favela Bairro: Combating Poverty and Social Exclusion in Rio's Squatter Settlements

ISAIAH MURTAUGH

Urban areas have always been magnets for rural populations because of their economic opportunity. However, many who have come to urban areas are disappointed in their search for work and shelter. As a result, squatter settlements, known in Brazil as favelas, develop on the outskirts of large cities. Due to residents' low socioeconomic position and marginalized ethnicity, these settlements are faced with unaddressed issues including lack of infrastructure and social programming needs. In the past, governments attempted to relocate favela residents and demolish favelas, but in more recent years, efforts have been made to improve them instead. Rio de Janeiro's Favela Bairro program, the largest squatter settlement upgrade program in Latin America, is one of many efforts addressing the issue. Favela Bairro set a goal to comprehensively upgrade all of Rio's medium-sized favelas by 2014. Favela Bairro is an all-encompassing public project that set out upgrading every part of favela infrastructure and instituting programs/services including utility systems, sanitation systems, nursery schools, community centers, commercial centers, and social and urban advice centers. While the Favela Bairro program has made great strides toward building social and human capital and improving the environment of favelas for the urban poor, we examine the program's shortcomings and suggest possible improvements.

Mechanization of Sugarcane Harvesting and a Retraining Program for Sugarcane Harvesters in Brazil

VIRAJ NANDA

The ethanol production in Brazil accounts for 18% of the energy consumed and contributes 1.6% to the economy. However, the use of ethanol as an energy source requires the practice of burning the farming area before harvesting, which causes respiratory diseases, cardiovascular diseases, and cancer. The government of Sao Paulo has implemented Project RenoVaçao to mechanize the harvesting process and minimize the effects. With immediate action and coordination between the state governments and local NGOs, the sugarcane harvesters in Brazil can be protected from the harmful residual smoke of the burning process, and can be provided with an alternate source of livelihood that does not have an adverse impact on their health and, at the same time, does not diminish their value to society or their income-earning capacity.





Improving Access to Clean Water and Sanitation in Haiti

ANNA NORDQUIST

In Haiti, one in eight children dies from waterborne illness. This is largely due to poverty; an overwhelming percentage of poverty-stricken Haitians lack resources to acquire clean water. Even worse, the 2010 earthquake and resulting tsunami destroyed much of Haiti's clean water supply as well as key infrastructure (eg, clinics, hospitals) that were essential to the treatment of waterborne illness. To alleviate Haiti's burden of waterborne illness, the NGO International Action (IA) has partnered with the American Institute for Research (AIR) to provide clean water, education, and jobs to communities across Haiti. This program includes two streams of intervention. The first targets school children by installing water tanks in schools and encouraging teachers to educate the students about the importance of clean water. The second provides clean water and is aimed at improving the economy within a community by providing opportunities for employment and microfinance. Researchers have determined that IA/AIR's success stemmed from a focus on prevention, education, and intimate collaboration with the local communities.

Access to Health Care for Undocumented Latinos

ROSA ISAMMAR RIVERA

Accessibility to health care for the undocumented Latino community in the United States has been a controversial topic that appears to be disregarded by the new policies that affect the country's health care system. These restrictions create marginalization and limited access to health care, reflecting in the confounding variables of socioeconomic status, cultural representation, and misconceptions of this community. With preconceived ethnic and cultural patterns, as well as statistical data, we examine the correlations between: 1) lack of job opportunities that leave undocumented Latinos with limited access to obtaining employer-sponsored insurance; 2) logical vs magical medicine and its correlation to the unmet need for prescription drugs and scientific treatments; and 3) limited English proficiency that affects patient satisfaction rate with care and understanding of medical conditions.

The Development of Multidrug-Resistant Tuberculosis Treatment Programs in Peru

CELESTE ROMANO

After the revival of tuberculosis during the 1980s, the Peruvian government adopted the DOTS approach, a WHO-approved program that emphasizes supervised administration of treatment with additional patient support. Although the program was credited with dramatically reducing the incidence of TB in Peru, treatment was often characterized by inadequate or erratic doses of medicines, resulting in TB strains resistant to the most powerful drugs. A Boston-based non-governmental organization, Partner's in Health (PIH), established a community-based health clinic in Carabayllo, Peru and began treating patients with multidrug-resistant TB (MDR TB). PIH reported an 85% cure rate among patients who completed the individualized treatment regimen, prompting the national government to adopt the expanded program, later designated DOTS-Plus. Questions of the sustainability and cost-effectiveness of DOTS-Plus abated following the institution of the Green Light Committee (GLC), an international committee that distributed inexpensive second-line drugs to successful TB programs. By 2000, programs buying through the GLC paid about 95% less for four of the second-line drugs than they did in 1996, and 84% less for two others. The DOTS-Plus program demonstrates that it is feasible and necessary to design international TB programs that are responsive to unique situations.



Addressing the Nutritional Disparities in the Predominantly Indigenous Community of Rural Oaxaca, Mexico: A Program Analysis

MARIA VENEGAS

Oaxaca is an impoverished and primarily indigenous state in rural southern Mexico. In 2011, the Oaxaca state government implemented the Community Nutrition Kitchen Dining Program (“Cocina Comedor Nutricional Comunitaria”) designed to minimize the high rates of malnutrition in the most vulnerable segments of the Oaxacan population. While the CCNC’s efforts have decreased the nutritional deficiencies and disparities in Oaxaca, significant flaws in the program policy hinder the impact of CCNC. Action should be taken by the Oaxacan government to address these flaws, most notably prerequisites for eligibility and measurements of success.

The Response of CEPAM on the Issue of Gender-Based Violence in Ecuador

SHUK YAN LAU

Worldwide, the rates of gender-based violence (GBV) is alarming and threatening to women’s lives. Domestic violence, which is part of GBV, has been the major contributor of injuries for women internationally. The problem of GBV is especially prevalent in Ecuador. Economically, intimate partner violence has led to a total loss of about 110 million \$USD in 2012. Although many women are victims of GBV, they rarely report the cases to authorities because of their lack of education on their rights and the legal system and their fear of stigma and discrimination. In response to this issue, the Ecuadorian Center for Women’s Advocacy and Action (CEPAM), a nongovernmental organization, collaborated with the government of Ecuador to implement service provision and prevention interventions for GBV survivors. This comprehensive government-civil society partnership aims to decrease the incidence of GBV in Ecuador. Although this strategy has been effective in raising awareness of individual health rights and providing health care services to the victims, this research examines the major challenges that remain for the Ecuadorian Government and CEPAM in overcoming GBV in the future.



The UCLA Blum Center announces the selection of the following six graduate students who will live and work in Latin America to conduct research with one of the UCLA Blum Center partners in Nicaragua, Panama or Peru.

Luis Artieda, MURP Candidate

Allyn Auslander, MPH Candidate

Ana Mascareñas, MPH Candidate

Erik Peña, Dual MA Latin American Studies/MPH Candidate

Erik Clint vanSonnenberg, PhD Political Science Candidate

Jennifer Zelaya, Dual MPH/MSW Candidate

We look forward to working with these exceptional students in the coming year.

Many thanks to all who have made this conference possible

Our generous sponsor and supporters

- ~ Richard C. Blum
- ~ Robert Wood Johnson Foundation
- ~ Inter-American Development Bank (IDB)
- ~ Salud Mesoamérica 2015 Initiative

Our volunteers

- ~ Students of the Poverty and Health in Latin America Cluster Course
- ~ Student Staff and Interns of the UCLA Blum Center: Wendy Cervantes, Juan Espinoza, Kevin O'Fee, Marissa Hernandez, and Esmerelda Melgoza

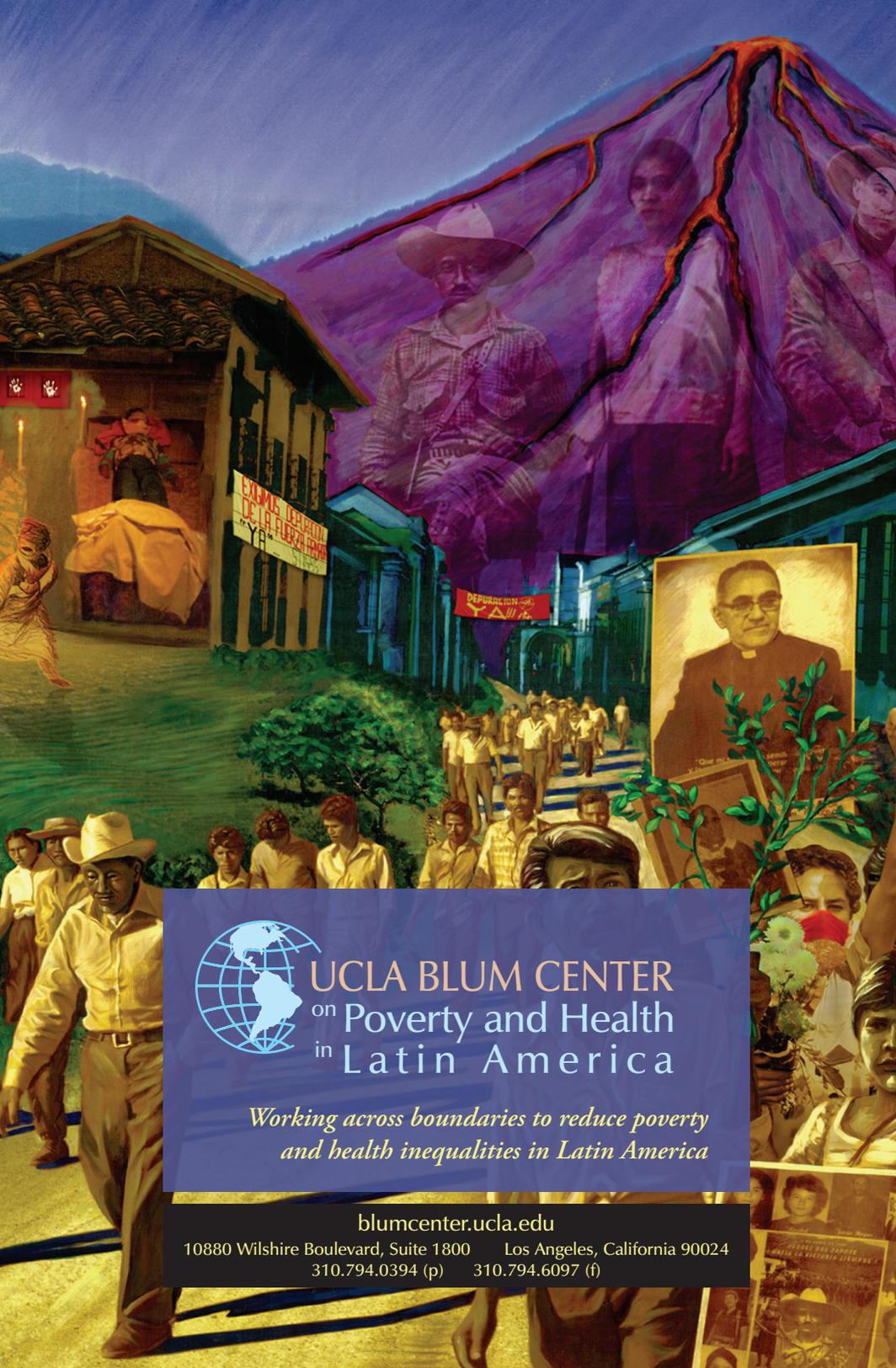
The UCLA departments who have assisted in this effort

- ~ UCLA Communications
- ~ UCLA Office of Development

Our steering committee, staff and consultants

Contributing artists

Cover photos courtesy of J. Doug Hall (jdoughall.com), Mary Cutler and Jenny Binstock. Back cover and inside art courtesy of Judith Baca.



UCLA BLUM CENTER
on Poverty and Health
in Latin America

*Working across boundaries to reduce poverty
and health inequalities in Latin America*

blumcenter.ucla.edu

10880 Wilshire Boulevard, Suite 1800 Los Angeles, California 90024
310.794.0394 (p) 310.794.6097 (f)