

Public Health Research Day

May 6, 2026

1:30 p.m. - 4 p.m.

Price Center Ballroom East

UC San Diego
HERBERT WERTHEIM
SCHOOL OF PUBLIC HEALTH AND
HUMAN LONGEVITY SCIENCE

Message from Dean Anderson



Welcome to our 10th annual Public Health Research Day!

We are excited to celebrate this milestone with our broader community. We hope the conversations you start today extend beyond this room by strengthening existing relationships, sparking new ideas, and laying the groundwork for future collaborations. Public health research is inherently collaborative, and the connections you make today will shape the important work ahead.

We applaud the growth and camaraderie of our students and trainees. For some, this is their first poster; for others, a chance to showcase new methods or partnerships. All have taken steps toward addressing complex public health challenges, and we are delighted to recognize these achievements today.

We are proud to continue our trainee-focused networking sessions, connecting emerging public health leaders with those further along in their careers. To our mentors—thank you. Your time, guidance, and commitment to training make this event especially enriching. Thank you as well to our planning committee, volunteers, and all who make this event possible year after year. Enjoy the afternoon!

Sincerely,

A blue ink handwritten signature that reads "Cheryl A. M. Anderson". The signature is fluid and cursive, with a large initial "C" and "A".

Cheryl A. M. Anderson, PhD, MPH, MS

Professor and Dean

Hood Family Endowed Dean's Chair in Public Health



Organizing Committee

Briana Chronister, PhD | Abstract Review

Jennifer Cloney | Event Planning

Carrie Goldsmith Mercer, MAEd | Education Liaison and Networking

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Donna Kritz-Silverstein, PhD | Education Liaison and Abstract Review

Eric Leas, PhD, MPH | Abstract Review

Lindsay Miller, PhD, MPH | Abstract Review

Meredith A. Pung, PhD | Chair and Communications

Note from the Organizing Committee: Early event materials mentioned awards. We've chosen to shift away from competition and instead celebrate the professional growth, development, and collaboration reflected in each poster.





Networking Mentors

*Discovering Career Pathways, Internships, and
Research Opportunities in Public Health*

Lindsay Bingham, MPH | Neighborhood Health Program Manager, Herbert Wertheim School of Public Health

Cassidy Boyd, MPH | Doctoral Student in Public Health, Herbert Wertheim School of Public Health

Richard Garfein, PhD, MPH | Professor, Herbert Wertheim School of Public Health and Department of Medicine

Karim Ghobrial-Sedky, MD, MSc | Director, Psychiatry Residency, Family Health Centers of San Diego

Henry Lee, MD, MS | Professor, Department of Pediatrics and Herbert Wertheim School of Public Health

Annie Nguyen, PhD, MPH | Associate Professor, Herbert Wertheim School of Public Health and Department of Medicine

Brinda Rana, PhD | Professor, Herbert Wertheim School of Public Health

Laura Ross, MPH | Health Educator, Health Promotion Services

David Strong, PhD | Professor, Herbert Wertheim School of Public Health

Susan Veldey, MSN, RN | Eisenhower Health

Sarah Vicente, MPH, MA | Project Manager, Center for Community Health

Anne White, PhD | Assistant Professor, Herbert Wertheim School of Public Health



Networking Mentors

Exploring Graduate and Postdoctoral Training in Public Health: Key Considerations and Planning

Katie Bailey, PhD, MPA | Postdoctoral Scholar, Department of Medicine

Leire Luque García, PhD | Postdoctoral Scholar, Herbert Wertheim School of Public Health

Carlos Gould, PhD | Assistant Professor, Herbert Wertheim School of Public Health

Alexandra Heaney, PhD | Assistant Professor, Herbert Wertheim School of Public Health

Nadia Hemmat, MS | Joint Doctoral Program in Public Health Student, San Diego State University and UC San Diego

Samantha Hurst, PhD, MA | Professor, Herbert Wertheim School of Public Health

Blanca Melendrez, MA | Executive Director, Center for Community Health

Lawrence Palinkas, PhD | Professor, Herbert Wertheim School of Public Health

Margaret Ryan, MD, MPH | Professor, Herbert Wertheim School of Public Health

Matthew Stone, PhD | Assistant Professor, Herbert Wertheim School of Public Health





Event Volunteers

Martha Anderson, JD | Office of the Dean
Elisa Crossman | Education Programs
Mike Davison | Business Office
Jennette Delgado | Student
Tyler DeLong | Communications
Jenny Espiritu, MA | Education Programs
Yadira Galindo | Communications
Yuxuan Meng | Student
Jane Moon, MPH | Education Programs
Valerie Moreno, MPH | Faculty Support
Abbie Morton, MEd | Education Programs
Eric Peng, MEd | Education Programs
Dina Rodgers, MBA | Education Programs
Vicky Segall Byrne, MA | Office of the Dean
Rosemarie Subala, MPH | Education Programs
Stella Tripp | Education Programs
Erin Warren | Education Programs





Agenda

- 1:30 - 2 p.m.** Pre-Event Networking: Discovering Career Pathways, Internships and Research Opportunities in Public Health
- 2:05 - 2:15 p.m.** Welcome Remarks by Dean Cheryl A.M. Anderson
- 2:15 - 3:30 p.m.** Poster Session
- 3:30 - 4 p.m.** Post-Event Networking: Exploring Graduate and Postdoctoral Training in Public Health | Key Considerations and Planning





Research Areas and Poster Numbering

100s Climate and Environmental Health

200s Health Equity and Global Health Justice

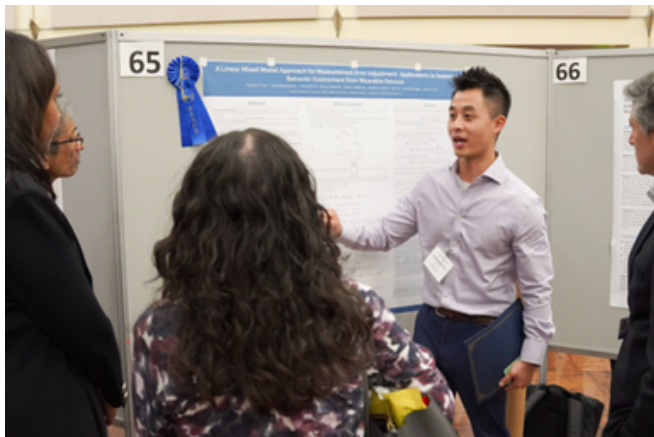
300s Healthy Aging and Human Longevity Science

400s Health Services Research and Health Policy

500s Mental Health and Substance Use

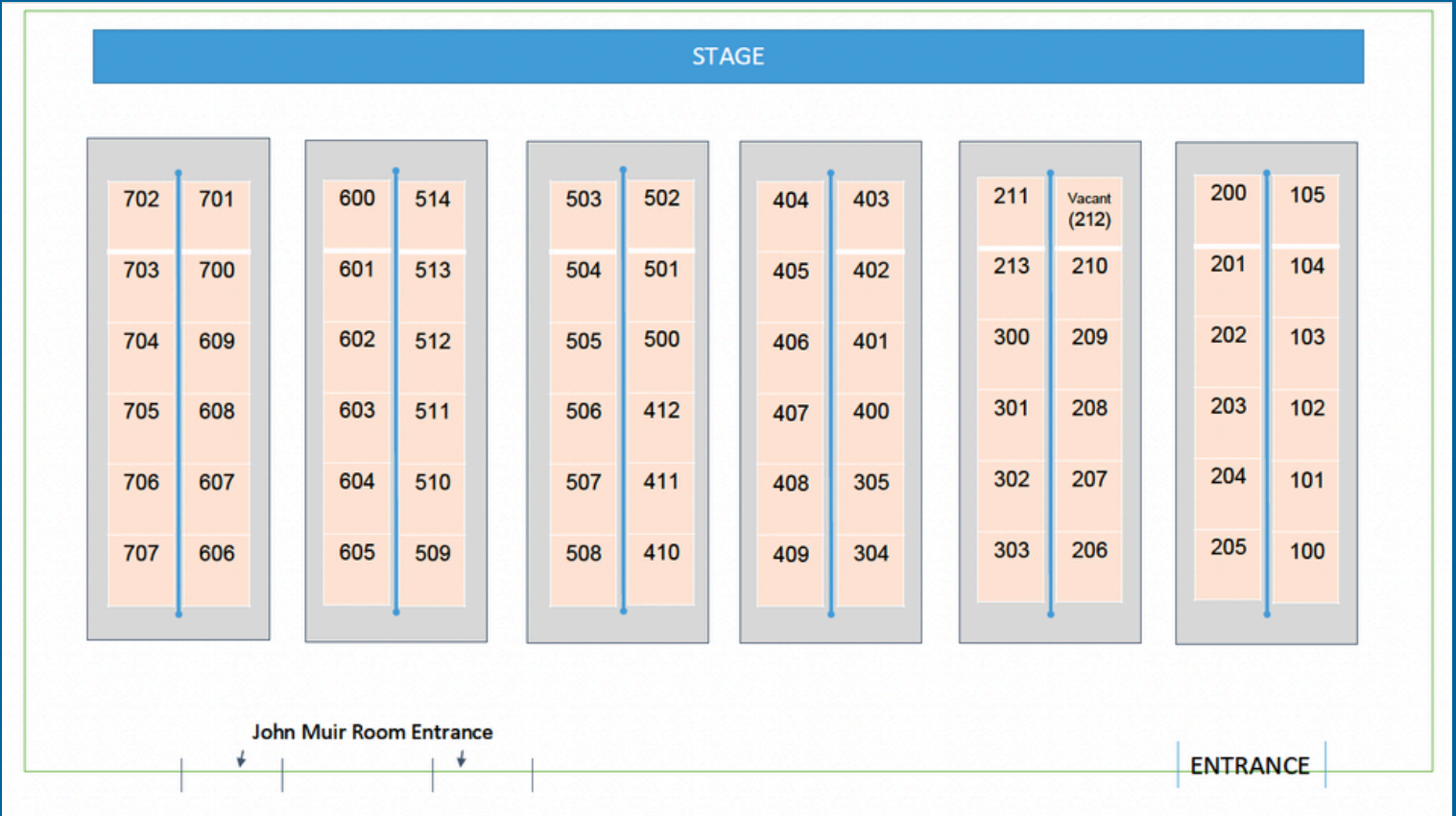
600s Quantitative Methods in Public Health

700s Women's Health and Reproductive Justice





Poster Map





Poster Abstracts

Climate and Environmental Health

Title: It's Time for Mold2Go: Examining the Limitations of the Triton2Go Program

Authors: Lauren Gumarang, Roslyn Simka, Hamzah Kerdi, Joshua Feinstein

Background

The University of California has been working to further its 2004 sustainability goals as established by the Board of Regents. Therefore, UC San Diego's Housing, Dining, and Hospitality (HDH) instituted the Triton2Go (T2G) program in 2020 to reduce single-use containers. T2G reusable containers are available for purchase at each dining hall and market, and may be returned at the same locations for cleaning. Students continuously complain about problems from the program, though there are no evaluations of the program on operational feasibility or sustainability goals.

Methods

This project was completed for Seventh College's Synthesis capstone. We conducted interviews with HDH student workers to obtain insights on Triton2Go operations, waste management, and overall dining sustainability on UC San Diego campus. In addition to interviews, a survey was distributed to gain wider insight of program concerns.

Results

From both methods, problems in operations were found, including student noncompliance with return guidelines, mold contamination and worker exposure, and failure of waste management. HDH student workers have expressed frustration with the program, notably the occupational hazard of mold exposure.

Conclusion

Following this exploratory research, multiple policy recommendations were created: 1) clearer T2G app messaging, 2) expanding locations of return kiosks, 3) forfeiting refunds for those who return damaged boxes, 4) establishing a time cap for returning T2G boxes. Future projects should look into the feasibility of such policies.





Poster Abstracts

Climate and Environmental Health

Title: The association between climatic exposures with diarrhea morbidity in Jordan

Authors: Leire Luque-García, Alexandra K. Heaney, Anass Houdou, Moawiah Hussien, Jamila Abuidhail, Wael K. Al-Delaimy

Background

Considerable evidence suggests that climatic variability can influence the transmission dynamics of enteric infections in low- and middle-income countries. However, evidence from the Eastern Mediterranean region remains limited. In this study, we assessed the short-term associations between precipitation and temperature and weekly diarrhea morbidity in Jordan.

Methods

We obtained weekly diarrhea morbidity data from the Ministry of Health for the period 2019–2023. Healthcare facilities were grouped into clusters, representing shared healthcare catchment areas. Weekly diarrhea counts were aggregated at the cluster level for subsequent time-series analyses. We obtained gridded total weekly precipitation and temperature data from the CHIRPS and CHIRTS datasets, respectively, and computed population-weighted averages within a 5-km circular buffer using WorldPop gridded population estimates. Yearly cluster-specific population counts obtained from the same source were included as an offset in the model. We applied a two-stage distributed lag non-linear modeling approach. In the first stage, we fitted cluster-specific ($n=62$) quasi-Poisson regression models with year and month fixed effects and 6-week lags. In the second stage, we pooled cluster-specific estimates using multivariate meta-analysis to derive overall exposure–response and lag–response associations.

Results

We estimated a nonlinear exposure–response curve for precipitation, which peaked at 2.2 mm (RR 4.41, 95% CI 3.03–6.43, relative to the minimum risk precipitation of 0 mm), above which risk declined. Maximum temperature showed increasing risk above the minimum risk temperature (25.1 °C), with substantially higher estimates at the upper percentiles (90th percentile: RR 2.02, 95% CI 1.43–2.86). Lag–response patterns differed by exposure. Precipitation effects were immediate and sustained across all lags (0–6 weeks), while temperature effects were delayed, emerging at lag 2 and peaking at lag 4.

Conclusion

Our findings indicate that both precipitation and high temperatures independently increase diarrhea risk in Jordan, with implications for climate-informed public health surveillance and early warning systems.





Poster Abstracts

Climate and Environmental Health

Title: Associations between surrounding greenness, tree canopy cover and mortality in Jordan: a nationwide longitudinal panel study

Authors: Leire Luque-García, Jawad Al-Bakri, Fayez Abdulla, Wael K. Al-Delaimy

Background

Epidemiological studies conducted primarily in high-income countries have reported inverse associations between long-term greenness exposure and all-cause mortality. However, the extent to which these findings are generalizable to other global contexts remains uncertain. To date, no nationwide longitudinal study has examined the association between greenness and all-cause mortality in the Eastern Mediterranean Region.

Methods

We constructed a longitudinal panel including all districts in Jordan over the period 2010–2023. The study comprised all deaths among individuals aged 20 years or older. Greenness exposure was assessed using the Normalized Difference Vegetation Index (NDVI) and percentage tree canopy cover. Associations were estimated using correlated random-effects Poisson regression models. Covariate adjustment was informed by a directed acyclic graph to identify minimal sufficient adjustment sets.

Results

Mean district-level NDVI was 0.2 (SD 0.1), and mean tree cover was 0.5% (SD 0.8). The overall mortality rate was 413.3 per 100,000 persons. No overall association was observed between a 0.1-unit increase in NDVI and all-cause mortality (IRR 1.017, 95% CI 0.913–1.133), nor between a 1-percentage-point increase in tree cover and mortality (IRR 1.031, 95% CI 0.924–1.151). In sex-stratified analyses, inverse associations were stronger among males, particularly among those aged 50–59 years, for both NDVI (IRR 0.874, 95% CI 0.773–0.988) and tree cover (IRR 0.918, 95% CI 0.811–1.039). Climatic zone–stratified analyses showed stronger inverse associations for NDVI in semi-arid districts, particularly among males, whereas estimates in arid districts were closer to the null.

Conclusion

Our findings contrast with the predominantly consistent protective associations reported in high-income countries, which differ substantially from LMICs in urban configuration, climate, healthcare access, demographics, and environmental regulation. These results highlight the need for context-specific environmental health research in arid settings.





Poster Abstracts

Climate and Environmental Health

Title: Delivery of Phytohormones Using TMGMV-Derived Spherical Nanoparticles in Climate-Stressed Soil

Authors: David Majeed, Melody Hu, Sarine Krikorian, Patrick Smith, Sean McDowell, Ivonne Gonzalez Gamboa

Background

Global food insecurity left approximately 750 million people facing hunger in 2023, with climate stressors threatening to worsen crop yields and food quality. In addition, human activities have led to increasing rates of soil salinization, pollution, and wildfires. To address food security challenges, we need efficient delivery systems that can help plants become more resilient to these abiotic stressors. Plant viral nanoparticles offer a promising approach for delivering agricultural compounds to crops. However, most studies use commercial potting soil rather than real-world stressed soils. We investigated whether TMGMV-based delivery systems maintain effectiveness in climate-stressed soils to ensure this technology can protect crops under actual field conditions.

Methods

We used soil columns to emulate field conditions, tested the mobility of wild-type TMGMV across three soil types: a potting soil control and two climate-stressed samples, high saline and heavy metal-contaminated, sourced from the UC Natural Reserve System. We analyzed mobility and persistence via SDS-PAGE and protein quantification to determine delivery efficiency.

Results

We found that our control, Potting soil, had good mobility; good persistence with a profile that slowly tapers off. High saline soil showed good mobility but lower persistence than potting soil. Heavy metal-contaminated soil demonstrated good mobility with a brief peak and low persistence.

Conclusion

All stressed soils showed good mobility for TMGMV-based particles, though with lower persistence than potting soil controls. This research demonstrates that viral nanoparticle delivery systems can function effectively in real-world stressed soils, providing a viable pathway for enhancing crop resilience and protecting food security under changing climate conditions.





Poster Abstracts

Climate and Environmental Health

Title: Wildfire Smoke Exposure and High Academic Performance in California School Districts

Authors: Colin Lauffer, Jade Cruz, Yiyi Zhu

Background

Wildfires are increasing in frequency and severity across California due to climate change. Yet, research on their educational impacts remains limited. Building on Wen and Burke's (2022) Nature Sustainability findings linking wildfire smoke to declining test scores, we evaluated the association between wildfire smoke exposure and the likelihood of high academic performance at the school district level using logistic regression.

Methods

High academic performance was defined as a school district scoring above the 80th percentile on nationally standardized exams. Logistic regression models estimated odds ratios (ORs) and 95% confidence intervals (CIs) by binned quartiles of wildfire smoke exposure on school days in California. Models adjusted for percent non-White students, percent economically disadvantaged students, average non-wildfire PM_{2.5}, and minimum distance to fires. A lagged exposure term was included to assess whether prior-year smoke affected subsequent performance.

Results

Our sample included 21,717 observations across 764 unique school districts. Districts in the highest smoke exposure quartile had significantly lower odds of being high academic performers compared to those in the lowest quartile (OR = 0.694, 95% CI: 0.568–0.849). A monotonic trend was observed, with increasing smoke exposure associated with lower odds of high academic performance. The lagged model was not statistically significant per likelihood ratio testing.

Conclusion

Wildfire smoke exposure is associated with reduced odds of high academic performance at the school district level. Future studies should incorporate fixed or mixed-effects models to better address longitudinal confounding and the temporal relationship.





Poster Abstracts

Climate and Environmental Health

Title: Longitudinal Associations of Urinary Herbicide, Fungicide, and DEET Biomarkers with Internalizing Symptoms

Authors: Naimisha Adiraa, An Nguyena, Briana N.C. Chronister, Dolores Lopez-Paredes, Harvey Checkoway, Jose Suarez-Torres, Sheila Gahagan, Asa Bradman, Suzi Hong, Raeanne C. Moore, Jose R. Suarez-Lopez

Background

Limited evidence suggests that herbicide, fungicide, and DEET exposures may impact mental health, yet population-based studies are scarce. We evaluated associations between biomarker-confirmed exposures and symptoms of anxiety and depression in Ecuadorian agricultural communities.

Methods

Data included ESPINA participants assessed in 2016 (n=510; ages 11–17) and 2022 (n=485; ages 17–23). Biomarkers of herbicides (glyphosate, 2,4-D), fungicides (propylene thiourea, ethylene thiourea), and DEET metabolites (DCBA, ECBA) were measured using mass spectrometry; 2,4-D, DCBA, and ECBA were reassessed in 2022. Summed exposure scores were calculated to reflect overall and class-specific exposures. Validated questionnaires assessed depression and anxiety symptoms. Generalized estimating equations (GEE) estimated symptom differences (β [95% CI]) and odds ratios (OR [95% CI]) for elevated symptoms per interquartile range (IQR) increase, adjusting for demographic and potential environmental confounders.

Results

In 2016, higher herbicide exposure (OR=1.10 [1.03, 1.17]) and 2,4-D (OR=1.02 [1.01, 1.03]) increased odds of elevated depression. Overall pesticide ($\beta=0.99$ [0.47, 1.51]), herbicide ($\beta=0.59$ [0.39, 0.79]), and 2,4-D ($\beta=0.11$ [0.09, 0.12]) were positively associated with depression; 2,4-D was also associated with anxiety ($\beta=0.03$ [0.02, 0.04]). In 2022, 2,4-D was inversely associated with depression ($\beta=-0.20$ [-0.36, -0.04]) and anxiety ($\beta=-0.09$ [-0.16, -0.02]). Longitudinally, 2,4-D remained positively associated with elevated depression (OR=1.01 [1.01, 1.02]), while ECBA was inversely associated ($\beta=-0.20$ [-0.32, -0.07]).

Conclusion

Associations between pesticide exposure and mental health varied over time. Early exposures were linked to increased symptoms, whereas later findings showed inverse relationships, highlighting complex, potentially time-dependent effects and the need for continued longitudinal research.





Poster Abstracts

Health Equity and Global Health Justice

Title: Hypertension Outcomes Following Blood Pressure Recheck Workflow at UCSD Student-Run Free Clinic.

Authors: Samvel Gaboyan, MS, Megan Torres, BS, Natalie Rodriguez, MD, Michelle Johnson, MD

Background

Hypertension is a significant risk factor for cardiovascular disease, which is the leading cause of death in the United States. The prevalence of hypertension is particularly high among uninsured and Hispanic populations. This study aimed to evaluate hypertension outcomes following the implementation of a blood pressure (BP) recheck workflow at the UCSD Student-Run Free Clinic Project (SRFCP).

Methods

A retrospective chart review of primary care encounters (n=851) at the UCSD was conducted SRFCP among hypertensive patients (n=114) one year immediately prior to (pre-intervention) and following (post-intervention) implementation of a BP recheck workflow. The workflow involved remeasuring BP once after 5 minutes of rest, following the initial reading, if BP was not at goal ($\geq 130/80$ mmHg), and a second time if the repeat BP remained above goal. BP control was modelled using mixed effects logistic regression, adjusting for patient-specific random effects, encounter-level attributes (age, BMI, clinic site), and patient-level characteristics (gender, diabetes mellitus (DM)).

Results

BP control increased significantly from 37.2% pre-intervention (95% CI: 31.5%–42.9%) to 54.0% post-intervention (95% CI: 47.6%–60.3%) among all hypertensive patients ($p < 0.001$), from 39.2% (95% CI: 31.9%–46.4%) to 59.6% (95% CI: 51.9%–67.4%) among hypertensive patients with concurrent DM ($p < 0.001$), and from 32.6% (95% CI: 25.8%–39.5%) to 51.4% (95% CI: 43.6%–59.3%) among hypertensive patients with concurrent obesity ($p < 0.001$).

Conclusion

A BP recheck workflow can be used to improve rates of BP control among hypertensive patients at SRFCPs, and meet or exceed national estimates for those who are uninsured, Hispanic, or have concurrent DM or obesity.





Poster Abstracts

Health Equity and Global Health Justice

Title: Disparities in Timeliness of Cancer Diagnosis Across a Multi-Site Academic Health System

Authors: Suraj Manohar Rajan, Vivian Hoang Tran, Aaron-John Acain Lee, Carol Y. Ochoa Dominguez, Joshua Demb, Humberto Jr. Parada, Elena Martinez, Corinne McDaniels, Noe Crespo, Melody K. Schiaffino, Winta Mehtsun, James Murphy, Brenton Rose, & Matthew P. Banegas

Background

Early cancer diagnosis improves survival and quality of life, yet disparities in stage at diagnosis persist. This study evaluates demographic, clinical, insurance, and neighborhood-level socioeconomic factors associated with late-stage cancer diagnosis within a health system.

Methods

We conducted a retrospective cohort study of 27,064 adults diagnosed with breast, colorectal, or lung and bronchus cancer between 2015 and 2025 in the University of California Health System. Late-stage disease was defined as AJCC stage III/IV. Multivariable logistic regression examined associations between late-stage diagnosis and patient characteristics, insurance status, comorbidity burden, and neighborhood socioeconomic measures, including the Area Deprivation Index (ADI), Social Vulnerability Index (SVI), and Healthy Places Index (HPI).

Results

17.6% of patients were diagnosed at a late stage. Cancer type was the strongest predictor, with lung (aOR \approx 13–14) and colorectal cancer (aOR \approx 8) associated with higher odds of late-stage diagnosis compared with breast cancer. Residence in medium and high ADI tertiles and Medicaid insurance (OR = 1.16; 95% CI: 1.06–1.28) had higher odds of late-stage diagnosis, while Veterans Affairs coverage was associated with lower odds (OR = 0.76; 95% CI: 0.58–1.01). SVI was not associated with stage at diagnosis, whereas higher HPI scores were modestly protective.

Conclusion

Late-stage cancer diagnosis is driven by cancer type and insurance status, with contributions from neighborhood disadvantage. Although socioeconomic disparities in cancer stage at diagnosis are well documented, this study demonstrates their persistence and highlights the need for system-level interventions addressing insurance and neighborhood barriers to early diagnosis.





Poster Abstracts

Health Equity and Global Health Justice

Title: BLOOM: Breast cancer risk Literacy & Outreach for Organized farmworker Mobilization

Authors: Marianna Andrade, Prospective BSPH; Stella Potter BS; Nyisha Green-Washington, BSPH; Yunuen Ibarra; Barbara Sattler, RN, DrPH, FAAN; Uriel Contreras; Suguet Lopez; Elvira Herrera; Nancy Buermeyer; Erika Wilhelm; Carmen Morales, RN, MSN, FNP-bc; Carrie Geremia; Kelli Cain, MA; Borsika Rabin, PhD, MPH, PharmD

Background

Breast cancer is a major public health concern, with evidence linking environmental exposures, including pesticides, to increased risk. Farmworker women face disproportionate exposure alongside systemic barriers to preventive healthcare. However, limited research has examined effective dissemination and implementation strategies to improve Environmental Health Literacy (EHL) and advocacy in these communities. Project BLOOM aims to evaluate a community-driven intervention to increase awareness of environmental breast cancer risk factors among farmworkers through a co-governed collaboration of community, advocacy, healthcare, and academic partners.

Methods

A community-based participatory research approach to co-create prevention products and dissemination strategies. A co-creation team of 15 members representing farmworker community representatives, advocacy organizations, healthcare professionals, and academic researchers participated in structured workshops from November 2025 to July 2026. Sessions were conducted in English and Spanish with interpretation services to ensure language equity. Co-creation sessions used interactive methods, including World Café discussions to design product specifications. Ethnographic methods and post-session surveys of meeting attendees were used to evaluate member engagement.

Results

Participants completed four co-creation sessions, identifying air pollution, water contamination, and pesticide exposure as priority risk factors. Participants prioritized product types including short videos, podcasts and radio, and community-based art and theater. The majority of participants rated sessions as good, very good, or excellent, and engagement methods were iteratively refined based on feedback.

Conclusion

Early findings demonstrate that a participatory approach is feasible and highly acceptable. Partner engagement effectively identified relevant risk factors and culturally appropriate strategies, supporting the potential of EHL interventions to enhance prevention and advocacy in farmworker communities.





Poster Abstracts

Health Equity and Global Health Justice

Title: Assessing health drivers of early secondary school leaving among young women living in low- and middle-income countries: a cross-sectional multi-country study

Authors: Shubhi Sharma, MPH; Jan-Walter De Neve, MD, ScD

Background

Primary schooling has increased in low-and middle-income countries (LMICs), whereas secondary school completion rates remain low. The gender gap in children leaving secondary school still persists, leading to high illiteracy rates, increased teenage pregnancies, heightened risk for maternal and child mortality. We aim to assess health-related reasons for secondary school leaving among young women in LMICs.

Methods

We analyze the Performance Monitoring for Action surveys (2021-2024) in 8 countries—Burkina Faso, Democratic Republic of Congo, Cote d'Ivoire, India, Kenya, Niger, Nigeria, Uganda (N= 6,753). Eligible respondents were females aged 15-25 years old.

Results

The average age of females was 21.2 years (95% CI: 21.2 – 21.3). Respondents on average completed 5.1 years (95% CI: 5.1 – 5.2) of schooling and left school at 15.9 years (95% CI: 15.8 – 16.0). Health-related factors for school leaving accounted for 20.8% (95% CI: 19.9 – 21.8) across countries. Common health-related reasons for school leaving were pregnancy (10.1%); early marriage (8.1%); illness (2.6%); and menstruation and hygiene (<1%). Health-related reasons were most frequently reported in Kenya (30.1%), India (23.2%), and Uganda (18.6%). Modified Poisson regression analyses show rural residence, older age, and living in less wealthy households were significantly associated with increased prevalence ratios of leaving school due to health-related reasons.

Conclusion

More than 1 in 5 young women left school due to gendered health disparities across the 8 countries. Study findings can inform interventions and policies to increase secondary school attainment by addressing health-related barriers for young women, particularly those from disadvantaged backgrounds.





Poster Abstracts

Health Equity and Global Health Justice

Title: Capturing STARS: Recruiting to Reflect the Community Served

Authors: Susan Veldey

Background

Evidence has identified barriers for minority nursing students, including necessity to work and low self-confidence related to patient safety. Paid internship programs can create opportunities to earn income, work around their school schedule, and increase their self-confidence. These programs have been successful in minimizing turnover costs by reducing orientation time and first-year turnover.

Methods

Supported by human and professional development resources, a paid Student Transition Associate Residency (STAR) apprenticeship was developed through a novel academic-practice partnership for second-semester nursing students in pre-licensure nursing programs. A curriculum and a permitted skills list were created. Under the supervision of a preceptor, educational and clinical experiences were provided, allowing students to perform defined nursing skills to bridge the journey from student to professional nurse while providing real-world clinical experiences.

Results

Ninety percent of the first two cohorts were residents in counties with lower socio-economic level. Between 2023 and 2024, a total of 39 students were hired, with 84.5% converting to full-time nursing roles after graduation. New transition-to-practice nurses who were prior STAR had a reduced orientation time of approximately 4-5 weeks versus the standard six weeks, mainly due to the clinical experiences and organizational learning gained while working under this new apprenticeship role.

Conclusion

The STAR program fosters successful transition to professional practice while providing an equity and inclusion workforce development strategy to minimize orientation and turnover costs. Recommendations include expanding the program to other specialty units and comprehensively evaluating additional metrics such as retention and return on investment.





Poster Abstracts

Health Equity and Global Health Justice

Title: Co-Developing Public Health Messaging Strategies for Newcomer Communities Across the United States

Authors: Ava Nariman, BA, Janine Young, MD, Ruth Tadesse, MPH, Amina S. Mohamed, MPH, Tala Al-Rousan, MD, MPH, Sarah Kuech, MPH, RN, Blain Mamo, MPH, Tierney Hall, MPhil

Background

Newcomer populations face barriers to US health care engagement, including language, health literacy, and cultural perceptions of health. Culturally appropriate messaging may reduce disparities, yet community-informed strategies for newcomers remain scarce. This study aimed to co-develop culturally responsive messaging strategies with Community Advisory Boards (CABs) across two US cities.

Methods

CABs convened in October and December 2024 for 90-minute virtual discussions with culturally concordant health navigators and ethnic community-based organization (eCBO) staff. Members consented and standardized questions were developed. Discussions were transcribed and analyzed using deductive framework analysis guided by the Social-Ecological Model (SEM).

Results

Twelve CAB members participated: the San Diego CAB (N=5) representing Haitian Creole, Dari, and Pashto-speaking communities; the Denver CAB (N=7) representing French, Swahili, and Kikongo. Multiple themes emerged across SEM levels. At the individual level, migration trauma, unfamiliarity with preventive care, and native-language pre-literacy impeded engagement. Interpersonally, gendered norms suppressed help-seeking, children's device mediation disrupted digital outreach, and peer word-of-mouth was most trusted. Organizationally, cultural navigators and eCBOs were essential co-implementation partners. At the community level, faith-based leaders were powerful conduits and in-person workshops with material incentives were preferred. At the policy level, legal vulnerability, housing precarity, and social media misinformation undermined engagement upstream of clinical contact.

Conclusion

Effective health messaging for newcomers requires multilevel strategies: activating faith-based and peer networks, repositioning navigators as central implementors, co-designing in-person programming with eCBOs, and establishing public health presence on social media. Addressing structural conditions through cultural and linguistic support is crucial for population-level impact.





Poster Abstracts

Health Equity and Global Health Justice

Title: Assessment of Healthy Dietary Patterns for Cardiovascular Health in South Asians

Authors: Tamanna Gandhi, Cheryl A.M. Anderson (PhD, MPH, MS), Valerie Mercer (MPH, MA)

Background

Cardiovascular disease risk is modifiable by dietary practices. Although healthy dietary patterns are strongly associated with lower cardiovascular risk, most indices to measure diet were developed in predominantly non-Asian populations, although it is unclear if appropriate for South Asian populations living in the U.S.

Methods

We conducted a literature review to evaluate how healthy dietary patterns that promote cardiovascular health (CVH) are assessed in South Asian populations living in the US. The dietary patterns reviewed include: Healthy Eating Index, Alternative Healthy Eating Index, Healthful plant-based diet index (hPDI), Planetary Health Diet (PHD), DASH-style diet, and Mediterranean-style diet.

Results

The PHD and hPDI appear the most suitable assessment tools for capturing the diets of South Asian populations living in the US while other indices omit culturally relevant foods. All of the healthy dietary patterns are plant-forward and thus relevant to a large percentage of vegetarians. However, limitations across the indices include difficulty disaggregating mixed dishes, the use of nutrient databases that may not capture traditional South Asian dishes, potential for artificially inflated scores due to wording used about red meat intake, lack of inclusion of herbs and spices, failing to account for culturally specific fats and oils, narrow definitions for added sugars, and exclusion of questions about certain foods such as potatoes, poultry, or dairy products.

Conclusion

Current dietary assessments should be adapted to include questions that capture the dietary behaviors of the South Asian populations living in the US for greater CVH promotion in the US.





Poster Abstracts

Health Equity and Global Health Justice

Title: Activating Equity: Digital Health Navigators Sustaining Portal Access for Underserved Families

Authors: Cassidy Boyd MPH; Negin Javaherchian, MPH; Monica Angeles, MPH

Background

Disparities in patient portal access limit equitable engagement with healthcare for families facing digital, linguistic, and social barriers. At Rady Children's Health, low rates of electronic health record portal activation among Medi-Cal-enrolled and Hispanic pediatric families, including those in CalAIM Enhanced Care Management, highlighted a need for culturally responsive digital health support. Existing workflows lacked the capacity to address these barriers at the bedside or in community settings.

Methods

We piloted a paid internship program recruiting recent graduates from underrepresented backgrounds as Digital Health Navigators (DHNs). DHNs activated patient portal accounts at the bedside, by phone, and at community events, meeting families wherever support was needed. Bilingual (English/Spanish) education was provided on scheduling visits, messaging providers, and accessing health information. Teen account activation was incorporated to support the transition to adult care. Two interns were retained in part-time roles following the pilot, demonstrating early workforce development impact.

Results

DHNs engaged 100 patients without portal access, activating 74% of accounts. Of those reached, 49% identified as Hispanic and 51.4% had Medi-Cal coverage. One-year post-activation, the proportion of high- and very-high-utilization users nearly doubled, suggesting sustained engagement, though the overall shift in the utilization distribution was not statistically significant ($p>0.05$). In-person, culturally tailored engagement proved critical to activation success.

Conclusion

Future efforts should secure philanthropic funding to expand paid internship opportunities, scale outreach across inpatient departments and ECM patient populations, and embed portal activation into standard clinical workflows to sustain and grow impact.





Poster Abstracts

Health Equity and Global Health Justice

Title: A Bayesian hierarchical push-forward method for cluster Randomized Controlled Trial power calculations in complex humanitarian settings

Authors: Margaret Elliott, Sonia Jain, PhD, Adam Richards MD, PhD, Brendan Fries, and Ravi Goyal, PhD

Background

There is increasing need to develop methods for conducting cluster randomized controlled trials (cRCTs) in humanitarian settings, where dynamic events may impact trial logistics and validity. Motivated by an upcoming trial in Bangladesh where attrition is a primary concern, we developed a Bayesian method that quantifies uncertainty in power calculations and incorporates prior information on effect sizes and attrition rates from completed studies in similar settings.

Methods

Our framework extended existing methodologies in two key areas. 1) We incorporated sample size formulations that account for attrition through variance inflation factors into a Bayesian push-forward approach that characterizes uncertainty in the model parameters and propagates this uncertainty into a predictive power distribution. 2) We developed a hierarchical model that incorporates multiple prior trials into estimating the posterior distributions of key parameters related to the experimental intervention and attrition. We then map the posterior distribution, with trial constraints and standard sample size formulae, to a predictive power distribution.

Results

We applied our methods to the planning of a cRCT in Cox's Bazaar, Bangladesh, that will assess adherence to an intervention for cardiovascular disease and chronic Hepatitis C infection. We conducted a robust simulation study to illustrate our methods and investigate how they behave across the parameter space, and plan to make our approach available through an R Shiny app.

Conclusion

We proposed a feasible approach for power calculations for cRCTs in humanitarian settings, designed to explicitly incorporate uncertainty and prior information.





Poster Abstracts

Health Equity and Global Health Justice

Title: Racial and Ethnic Differences in Response to Family-Based Behavioral Treatments: Secondary Analysis of Two Clinical Trials

Authors: Ingrid Rivera-Iniguez, David R. Strong, Kyung Rhee, Dawn M. Eichen, Kerri N. Boutelle

Background

Intensive family-based treatment (FBT) is recommended for pediatric obesity, yet Hispanic families attend fewer visits than non-Hispanics. Whether modifications to FBT reduce these disparities is unclear. This study examined whether race/ethnicity influences treatment attendance and weight loss over time in two modified FBT trials.

Methods

ReFRESH (n=140) compared FBT plus intensive parent training (FBT+PT) with standard FBT, and FRESH-Dose (n=150) compared a less intensive FBT (gshFBT) with standard FBT. Children aged 7–12 with overweight/obesity and their parents were enrolled. Linear mixed-effects models examined the main effects of race/ethnicity on attendance (%) and BMI-z change.

Results

In both trials, BMI-z decreased similarly from baseline to post-treatment (ReFRESH: -0.24 Hispanic vs. -0.22 non-Hispanic; FRESH-Dose: -0.23 Hispanic vs. -0.12 non-Hispanic) and at 12 months (ReFRESH: -0.07 Hispanic vs. -0.18 non-Hispanic; FRESH-Dose: -0.10 Hispanic vs. -0.21 non-Hispanic), with no significant differences ($p > 0.05$). Race/ethnicity did not predict child BMI-z change (ReFRESH $\beta = -0.022$, $p = 0.682$; FRESH-Dose $\beta = -0.012$, $p = 0.794$). Hispanics attended fewer sessions than non-Hispanics (ReFRESH 57.0% vs. 70.8%, $p = 0.004$; FRESH-Dose 68.4 vs. 77.8% $p = 0.04$). In ReFRESH, Hispanic ethnicity ($\beta = -10.22$, $p = 0.049$) and low income ($\beta = -14.76$, $p = 0.005$) predicted lower attendance, while in FRESH-Dose, Hispanic ethnicity did not predict attendance ($\beta = 1.46$, $p = 0.88$), but low income predicted lower attendance ($\beta = -21.13$, $p < 0.001$).

Conclusion

Hispanic ethnicity and income influenced treatment attendance, but weight-loss outcomes were similar across ethnicities.





Poster Abstracts

Health Equity and Global Health Justice

Title: Improving Patient Retention Through “No-Show” Workflow at UCSD Student-Run Free Clinic Project

Authors: Natalie N. Kaplanyan, BS, Dustin Pwee, MS, Michelle Johnson, MD

Background

Missed appointments contribute to disrupted care, delays in treatment, and reduced patient retention. While the UCSD Student-Run Free Clinic Project (SRFCP) has previously tracked no-show rates (variably 12-19.5%), there has been no systematic approach to rescheduling patients or measuring rates of retention and loss to follow-up. The goal of the project is to improve patient retention through implementing a systematic proactive workflow for identifying and following up with patients with missed appointments.

Methods

A centralized tracking system for missed appointments was introduced February 5, 2026, for primary care patients across all clinic sites at SRFCP. Patients with a missed visit are added to a database during each clinic. Initial contact attempts in appropriate language are made on the same day as feasible, and a team of volunteers and bilingual health promoters conduct weekly outreach until they are rescheduled.

Results

As of March 31, 2026, 100% of patients with missed appointments were contacted, with 91% (29/32) successfully rescheduled. On average, first contact occurred 8 days after a missed appointment (n=24) and rescheduling occurred 29 days after (n=28). This demonstrates the viability of a structured workflow for consistent outreach and improved patient retention.

Conclusion

The project aims to achieve 100% of patients who miss an appointment to have at least one documented contact attempt within 7 days, and that they be rescheduled within 30 days. The goal is a 90% rescheduling rate while acknowledging patient-level factors such as language and clinic-level factors such as variability across clinic sites.





Poster Abstracts

Health Equity and Global Health Justice

Title: Association Between Income, Health Behaviors, and Diabetes

Authors: Anthony Gonzalez, BS; Haochen Zhai, BS; Grace Hoang, BS

Background

Socioeconomic status has long been associated with the risk of chronic diseases such as diabetes, but the mechanisms underlying this relationship remain unclear. In this study, we examined the associations among familial income, health-related behaviors, and diabetes.

Methods

Using data from 10,877 participants collected by the National Health and Nutrition Examination Surveys (NHANES) 2013-2014 and 2015-16, this study investigates multiple mediating factors between family poverty income ratio (PIR) and diabetes. The mediating factors include smoking, drinking, and work activity. To do this we used survey-weighted logistic and poisson regression to create our baseline models and causal mediation analysis to estimate Average Causal Mediation Effect (ACME) and Proportion Mediated.

Results

In the basic model we can see a significant negative correlation between PIR and diabetes rate (OR: 0.909, CI: 0.864, 0.957) when adjusting for race, age, and gender. We can also see that race has a large effect on diabetes rates with Hispanics and Blacks being 80.5% and 83.7% more likely to have diabetes compared to non-Hispanic Whites. The mediating analysis found alcohol intake had the most significant mediation (OR: 0.997) effect, with smoking and activity not having significant mediation.

Conclusion

Our mediation analysis found alcohol consumption as a statistically significant mediator between PIR and diabetes. However the effect size is marginal suggesting that alcohol intake may play a minor role in representing socioeconomic disparities in lifestyle.





Poster Abstracts

Health Equity and Global Health Justice

Title: Evaluation of Girls Invest to Improve Economic, Social, and Health Outcomes in Adolescent Girls

Authors: Elizabeth Reed, Adam Tran, Jay G. Silverman, Shubhi Sharma, Guadalupe X. Ayala; Craig T. McIntosh, Alexandra Minnis; Ning Tang, & Florin Vaida

Background

Economic empowerment interventions have improved economic, social, and health outcomes among adolescent girls in low- and middle-income countries, but evidence in high-income settings remains limited. This study assessed the implementation and preliminary efficacy of Girls Invest, an economic empowerment intervention for adolescent girls in low-income U.S. school settings.

Methods

We conducted a two-arm cluster randomized controlled trial in 18 high schools in predominantly Latinx, low-income communities in Southern California (N=240; ages 15–22). The intervention combined app-based training with an incentivized savings account (\$20 per module, up to \$100). Participants completed online surveys at baseline and six-month follow-up assessing depression, anxiety, financial literacy, reliance on a male partner, perceived sexual and reproductive health (SRH) knowledge, and intimate partner violence (IPV). Outcomes were analyzed using mixed-effects models under intent-to-treat with multiple imputation.

Results

Most participants were ages 15–17 (71%), Latina (88%), and U.S.-born (89%). Engagement was moderate, with 55% completing all modules; savings account barriers limited completion. Compared with controls, Girls Invest participants showed improvements in depressive symptoms (DiD = -0.54 , $p=0.002$), anxiety (DiD = -0.42 , $p=0.009$), birth control knowledge (DiD = 0.49 , $p=0.007$), and condom use knowledge (DiD = 0.48 , $p=0.007$). No significant effects were observed for economic outcomes or IPV.

Conclusion

Despite implementation challenges, Girls Invest improved mental health and SRH knowledge. Longer follow-up is needed to assess economic and IPV outcomes.





Poster Abstracts

Health Equity and Global Health Justice

Title: Literature Review: Health Literacy, System Navigation, and Educational Interventions for HFIT Patients

Authors: Ivanna Munoz, Jose Burgos, PhD

Background

Mexico's public healthcare system has undergone major reforms, yet many patients continue to experience delays in care. Prior phases of this research found that patients often delay seeking care due to long wait times, limited medication availability, and perceived poor quality of care. These findings suggested that beyond structural barriers, limited understanding of how to navigate the healthcare system may also contribute to delays. This study evaluates whether a targeted health literacy intervention can improve patient understanding and confidence in accessing care.

Methods

A pre/post educational intervention was conducted among patients at the Health Frontiers in Tijuana (HFIT) clinic. Participants completed a baseline quiz assessing knowledge of healthcare system structure and navigation. After viewing an educational video explaining IMSS, ISSSTE, and IMSS-Bienestar, participants completed a post-intervention quiz and feedback survey.

Results

Eight participants completed the intervention. Pre-quiz scores ranged from 1–5/10, while post-quiz scores improved to 3–8/10. Participants reported increased confidence navigating the healthcare system and expressed interest in additional educational resources.

Conclusion

Health literacy interventions may improve patient understanding and confidence in navigating healthcare systems. These findings support health system literacy as a low-cost, scalable strategy to reduce delays in care and improve healthcare access.





Poster Abstracts

Healthy Aging and Human Longevity Science

Title: Effects of Testing Language as a Predictor of Alzheimer's Disease in Bilingual Hispanics

Authors: Krish Jagasia; Chuchu Li

Background

This study examined whether test administration language (Spanish vs. English) influences the sensitivity of story recall for early detection of Alzheimer's Disease (AD) in Hispanics living in the U.S., examining the performance of the whole story recall and serial position effects.

Methods

We tested 18 decliners who were initially diagnosed as cognitively normal or with mild cognitive impairment who eventually received a diagnosis of AD and 27 healthy controls who remained cognitively stable for at least two years. They completed the Logical Memory Test in English or Spanish as part of an annual neuropsychological evaluation, and their immediate and delayed recall performance of Story A was assessed.

Results

Testing language showed an intermediate effect on the sensitivity of story recall to AD in whole story immediate recall, with ANCOVA showing higher sensitivity to AD risks in English than Spanish. In immediate recall, the primacy effect showed the worst performance for early differentiation of decliners and controls, while the whole story performance was the most effective, for which an ROC revealed a higher diagnostic accuracy in English than Spanish. All participants showed primacy and recency effects in immediate recall, but neither decliners nor controls showed the primacy effect in delayed recall

Conclusion

Story recall's overall performance revealed future AD risks in older Spanish-English bilingual Hispanics, but the sensitivity was higher for those tested in English than in Spanish. This suggests that cultural and linguistic factors affect neuropsychological diagnosis of AD in diverse populations.





Poster Abstracts

Healthy Aging and Human Longevity Science

Title: Social Engagement and Emotional Well-Being in Community-Dwelling Older Adults pre- and post-COVID-19 Pandemic

Authors: Krish Jagasia; Tyler A. Simi; Jakob P. Phillips; Rae'hijah Cooper; Jaemin Kim; Harout H. Malyan; Jaclyn Bergstrom; Rebecca Daly; Annie L. Nguyen; Anthony J. Molina

Background

Social engagement is a core component of successful aging, especially for older adults at risk of isolation. However, interpersonal connections were disrupted by the COVID-19 pandemic. This study explored whether the relationship between social engagement and emotional well-being changed from pre- (2019) to post-pandemic (2023) in community-dwelling older adults.

Methods

Data from 230 participants in both 2019 and 2023 were examined. Participants were excluded if they were not aged 50+ in both years or did not fully complete all analyzed scales. Linear mixed effects regression models examined associations between social engagement and six emotional outcomes (happiness, optimism, wisdom, resilience, anxiety, and depression). Each of the six models included the covariates age, gender, and marital status, as well as interaction effects between social engagement and survey year, gender, and marital status.

Results

Of the 230 participants, 53.5% were male, 86.1% were White, and the mean age in 2019 was 69.38 years. Social engagement was positively associated with happiness, optimism, wisdom, and resilience, and negatively associated with anxiety and depression. The strength of associations between social engagement and happiness, optimism, resilience, and anxiety significantly weakened between 2019 and 2023. Older individuals or married individuals showed greater happiness, and married individuals had lower depressive symptoms.

Conclusion

It is likely that disruptions from the COVID-19 pandemic introduced or affected factors moderating the associations between social engagement and emotional well-being, resulting in a decreased protective effect of social engagement for robust mental health after the pandemic.





Poster Abstracts

Healthy Aging and Human Longevity Science

Title: Optimizing Muscle Health During GLP-1 Receptor Agonist Therapy in Older Adults

Authors: Krish Jagasia; Andrew M. Pfeiffer, BS; Kenneth Vitale, MD

Background

Glucagon-Like peptide-1 receptor agonists (GLP-1-RAs) are increasingly prescribed for type 2 diabetes mellitus and chronic weight management, especially for the rapidly-growing population of older adults. However, older adults are also at heightened risk for sarcopenia and frailty, raising concerns about the loss of skeletal muscle mass from GLP-1-RA-induced weight loss.

Methods

This narrative review synthesizes human studies published between 2020-2025 that directly measured skeletal muscle mass or volume during GLP-1-RA therapy, separating studies by participant age for a focus on older adults.

Results

Most studies found that GLP-1-RA therapy led to a loss of skeletal muscle mass, ranging from 8.5% to 24.5% of total weight loss. Most studies assessing muscle quality saw improved muscle quality following GLP-1-RA therapy, but studies measuring muscle strength generally found no significant change. While 22 studies were included in this review, only four studies specifically examined older adults, which were methodologically heterogeneous and difficult to compare. Limited literature focusing on older adults provides insufficient evidence to determine age-related vulnerabilities, suggesting the need for additional research in this population. Recommendations for preserving muscle health in older adults receiving GLP-1-RA therapy include measuring/monitoring muscle health, incorporating resistance training, ensuring high-protein intake and nutritious diets, and potentially considering adjunct pharmacotherapies.

Conclusion

This review demonstrates that the degree of GLP-1-RA-induced skeletal muscle loss is variable but consistently accounts for a meaningful fraction of weight lost during therapy. Providers should consider these effects when prescribing GLP-1-RAs, especially for older adults.





Poster Abstracts

Healthy Aging and Human Longevity Science

Title: Mediators of the Stress-Cognitive Function Pathway in Community-Dwelling Older Adults

Authors: Tyler A. Simi; Krish Jagasia; Jakob P. Phillips; Harout H. Malyan; Rae'hijah Cooper; Jaclyn Bergstrom; Rebecca Daly; Alison A. Moore; Sonia Ancoli-Israel; Anthony J. Molina

Background

Stress is increasingly recognized as a major public health burden and has been linked to cognitive decline in older adults through neuroendocrine and inflammatory mechanisms. However, the pathways linking perceived stress and cognitive function remain unclear. This study examined whether physical health and sleep quality mediate the relationship between stress and cognitive function in community dwelling older adults.

Methods

Data were analyzed from 600 community dwelling adults aged ≥ 60 years participating in the UC San Diego Successful Aging Evaluation study. Ordinary least squares regression examined associations between perceived stress, physical health, sleep quality, and cognitive function adjusting for age, gender, race, and education. Bootstrapped mediation analyses estimated indirect effects of physical health and sleep quality on the stress cognition relationship.

Results

Higher perceived stress was associated with lower cognitive function ($\beta = -0.114$, $P = .002$). Physical health showed a significant indirect effect ($\beta = -0.0277$, 95% CI -0.0501 to -0.0086), indicating that greater stress was associated with poorer physical health which predicted lower cognition. Sleep quality also demonstrated a significant indirect effect in an inconsistent direction ($\beta = 0.0350$, 95% CI 0.0031 to 0.0694), reflecting opposing paths where higher stress was associated with more sleep problems while fewer sleep problems predicted lower cognitive scores.

Conclusion

Stress may influence cognitive function partly through pathways involving physical health and sleep quality. These findings highlight modifiable health factors that may represent potential targets for interventions aimed at promoting cognitive resilience and healthy aging in older adults.





Poster Abstracts

Healthy Aging and Human Longevity Science

Title: Single-Cell Transposable Element Expression Profiling in Blood and CSF Immune Cells of People with HIV

Authors: Xiaowen Xu, Michael J. Corley

Background

Transposable elements (TEs) comprise nearly half the human genome, and their reactivation is linked to biological aging and inflammation. TE expression in blood and central nervous system immune cells has not been characterized at single-cell, locus-level resolution in living humans. We hypothesized TE expression is cell-type-intrinsic, tissue-regulated, and altered in immune dysfunction, and quantified locus-specific TE expression in paired blood and cerebrospinal fluid (CSF) immune cells from people living with HIV (PWH) and people without HIV (PWoH).

Methods

Using Stellarscope, we quantified locus-level TE expression across two independent cohorts totaling 748,745 immune cells from 27 participants (14 PWH, 13 PWoH; 19 male, 8 female; ages 28–78 y, median 56), comprising 571,730 blood and 177,015 CSF cells. Eighteen immune cell types were annotated, including T cell subsets, monocytes, NK cells, B cells, dendritic cells, and MAIT cells.

Results

We detected robust TE expression in nearly all blood and CSF immune cells of PWH and PWoH, with a median burden of 2.53–3.10% of expressed genes. A consistent cell-type hierarchy emerged across cohorts (Spearman $\rho = 0.93$), with CD14+ monocytes highest, followed by MAIT, NK, and T cell subsets. Blood showed higher TE expression than CSF (paired Wilcoxon $p = 0.037$), independent of sequencing depth. TE profiles distinguished cell types in both compartments.

Conclusion

We establish that TE expression in human blood and CSF immune cells can be robustly quantified at single-cell, locus-level resolution in living individuals, providing a new framework to investigate TE regulation in HIV and its contributions to immune aging and brain health.





Poster Abstracts

Healthy Aging and Human Longevity Science

Title: Peripheral HIV Reservoir Does Not Predict Non-AIDS Events on Suppressive ART

Authors: Anadela Navarrete Gomez, BS; Autumn Kittilson, BS; Colline Wong, MD; Andrew Weil Semulimi, MD; Antoine Chaillon, MD, PhD; Ashley McKhann, MS; Carlee Moser, PhD; Sara Gianella, MD; Jonathan Z. Li, MD, MMSc

Background

Despite antiretroviral therapy, people with HIV experience persistent systemic inflammation linked to non-AIDS events (NADEs), but the role of HIV reservoir size in these outcomes remains unclear. We examined the relationship between HIV reservoir size (intact and total HIV DNA), systemic inflammation, viral co-infections (CMV/EBV), and NADEs.

Methods

We conducted a case-control study of ART-naïve participants who maintained plasma HIV RNA <400 cp/mL after ART initiation. Cases were defined by occurrence of non-AIDS-event (myocardial infarction, stroke, non-AIDS malignancy, bacterial infection, or death) and were matched to controls based on age, sex, baseline CD4+ T-cells, and ART regimen. PBMCs and plasma were collected 1 year after ART initiation and at the pre-event timepoint. Biomarkers of inflammation and co-infection were measured in plasma (ELISA). Total HIV DNA (qPCR) and CMV/EBV DNA (ddPCR) were measured in PBMCs. Intact HIV DNA was measured by IPDA in isolated CD4+ T-cells. Conditional logistic regression analyses assessed associations between HIV reservoir size and NADEs, and Spearman correlations evaluated relationships with biomarkers.

Results

Neither total nor intact HIV DNA at either timepoint predicted NADEs in unadjusted or adjusted models. Total HIV DNA was modestly correlated with IL-6, D-dimer, sCD14, sTNFR-I, oxLDL, EBV DNA, and CMV IgG ($r=0.14-0.22$; all $p<0.05$). Intact HIV DNA was inversely correlated with BDG ($r=-0.38$, $p=0.03$).

Conclusion

Peripheral HIV reservoir size was not associated with NADE occurrence. However, total HIV DNA was correlated with some markers of co-infection and inflammation, supporting the interaction between immune activation and HIV persistence.





Poster Abstracts

Health Services Research and Health Policy

Title: Developing a Multilevel Causal Model of Fidelity During GBV–SRHR Scale-Up

Authors: Jasmine Uysal, Erin Pearson, Jamie Menzel, Rebecka Lundgren, Heather Pines, Tarik Benmarhnia, Greg Aarons, Jay Silverman

Background

Maintaining intervention fidelity during scale-up of integrated gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) interventions is challenging, yet essential for achieving population-level impact in routine care. We developed and tested a theory-informed, multilevel causal implementation model of fidelity for ARCHES, an integrated GBV–SRHR intervention, during early scale-up in public-sector family planning (FP) services in Kenya.

Methods

Using a sequential mixed-methods design guided by EPIS and fidelity frameworks, we first conducted qualitative interviews and focus groups with providers and mentor-supervisors to identify hypothesized provider-, facility-, and system-level mechanisms and contextual moderators of fidelity. We then tested these pathways using linked multilevel quantitative data from a hybrid type 2 cluster randomized trial, restricting analyses to 12 intervention facilities and client-reported fidelity outcomes. We estimated generalized linear mixed models and hierarchical GLMMs adjusting for client, provider, and facility covariates and accounting for facility clustering.

Results

Mechanistic analyses included 1,404 client observations linked to 25 providers across 12 facilities. In the full sample, formal in-person training was strongly associated with full client-reported fidelity (AOR 15.86, 95% CI 7.59–33.14). In adjusted single-mechanism models, provider self-efficacy (AOR 3.59, 95% CI 1.68–7.69) and attitudes toward ARCHES (AOR 6.06, 95% CI 2.75–13.32) were the strongest provider-level predictors. In hierarchical models, both remained significant, though self-efficacy reversed direction; facility- and system-level mechanisms attenuated. Interaction models identified staffing and provider time as contextual modifiers. Qualitative findings converged and informed a refined model.

Conclusion

Fidelity during scale-up was driven less by knowledge than by provider activation within enabling facility conditions.





Poster Abstracts

Health Services Research and Health Policy

Title: Managing Type 2 Diabetes in the U.S.-Mexico Border Region

Authors: Marianne B. Aquino, MA, Jared Bautista, BS, Erica Dudley, MA

Background

Type 2 Diabetes (T2D) is a critical public health challenge globally. Various systemic barriers to care make T2D harder to manage. In the U.S.-Mexico border region, about 500,000 individuals 18 years of age and older live with T2D. Current metrics show that only 6% of the Mexican population achieves the target HbA1C of less than 7%.

Methods

This evaluation focuses on patients in the Health Frontiers in Tijuana (HFIT) clinic residing in the Zona Norte border region who have uncontrolled HbA1C levels. This population is marginalized, low-income, facing food/housing insecurity, low health literacy, lack of formal education, and are transient.

Results

HFIT clinic sees a highly migratory population, with many patients unable to consistently attend follow-ups for managing their T2D. Providing accessible T2D management is essential to improve the overall health of HFIT's vulnerable patient base. Low cost-screening tools and digital programs like Project Dulce, which connects diabetic patients to peer-support networks digitally, are ways to sustain T2D management even when patients are not physically present.

Conclusion

To expand HFIT's T2D services, the clinic should adopt a peer-support method modeled after Project Dulce's success. This allows patients to stay engaged in their care outside of limited clinic hours. By integrating digital health tools and peer support, HFIT can build a portable support system that moves with the patient, ensuring treatment adherence even when they are physically distant from the facility. This approach fosters trust and collective efficacy, bypassing the clinical alienation often felt in low-resource settings.





Poster Abstracts

Health Services Research and Health Policy

Title: Survivor-Centered Evaluation of Nationwide Domestic Violence Support Services in Armenia

Authors: Araz Majnoonian

Background

Understanding survivors' experiences with domestic violence (DV) support services is central to strengthening effective, survivor-centered response systems. Despite expanded legal protections and services in Armenia, evidence on survivor experiences and needed improvements remains limited.

Methods

This survivor-centered evaluation used a community-based participatory approach to evaluate DV support services in Armenia. Focus group discussions were conducted with 61 women aged 18–65, including 13 displaced from Nagorno-Karabakh. Data were collected between March and July 2025 across 11 provinces. Rapid qualitative analysis identified themes across three domains: (1) engagement with service delivery, (2) survivor-experienced outcomes, and (3) priorities for service improvement.

Results

Survivors reported safety and trust in providers and identified individual psychological counseling as central to engagement, decision-making, and well-being. Many described increased safety and autonomy after leaving abuse; however, economic insecurity and housing instability persisted. Participants emphasized that children's psychological services improved family well-being, but limited capacity, especially in rural areas, delayed access. Participants described focus groups as emotionally healing, highlighting unmet demand for collective, peer-based support. Displaced survivors emphasized the need for longer-term mental health and social integration support.

Conclusion

Sustain and monitor the quality of psychological counseling as a core service component. Expand capacity for children's psychological services, with targeted investments to reduce access delays, particularly in rural areas. Pilot and evaluate group-based support models to complement individual counseling and strengthen peer connection and collective healing. Allocate resources to develop and deliver long-term mental health and structured social integration programs for displaced survivors.





Poster Abstracts

Health Services Research and Health Policy

Title: Housed but Hungry: Food Insecurity Among On-Campus Upperclassmen Without Required Dining Plans at UC San Diego, 2026

Authors: Percy Dallman, Lauren Holley, Mariam Kazmi, Linh Nguyen, Alyssa Reese, and Nancy Binkin, MD, MPH

Background

UC San Diego (UCSD) recently expanded on-campus housing for 4,000 upperclassmen. Students have in-suite kitchens but no required meal plan. We conducted a survey to examine dining plan enrollment status, kitchen use, and their association with food insecurity among on-campus upperclassmen dorm residents

Methods

In February 2026, 1,326 UCSD undergraduate students participated in a Qualtrics survey; a food security module was randomly assigned to half. Food security was assessed using a 6-item USDA score. We used EpiAnalysis (an R ShinyApp), to calculate frequencies and examine associations between key variables for the 336 upperclassmen dorm students who responded to the module.

Results

Nearly half (46%) of upperclassmen dorm residents were food-insecure, versus 37% of underclassmen in College dorms ($p < 0.01$). The majority (71%) had dining plans, of whom 78% had plans covering $< \$20/\text{day}$; 64% reported their plan covered ≤ 6 meals/week. Students without plans were 1.4 times more likely to be food-insecure (57% versus 40%; $p < 0.05$). Kitchen access was high (93%), but only 25% cooked ≥ 8 meals/week, and there was no association between cooking < 8 or ≥ 8 meals/week and food security.

Conclusion

Food insecurity was high among students in upperclassmen dorms, regardless of kitchen access, and was highest among those without a dining plan. Among plan holders, most had low-coverage plans covering ≤ 6 meals/week, suggesting plan adequacy, rather than enrollment, is important. UCSD should consider expanding affordable and flexible dining options and addressing structural barriers to affordable food in upperclassmen housing.





Poster Abstracts

Health Services Research and Health Policy

Title: Improved Identification of Lung Cancer Screening Eligibility Among Low-Income Primary Care Patients

Authors: Brittany Olivera, Charles Bart Smoot, Kimberly Brouwer, Paloma Mohn, Naomi Romero Alvarez, Nichelle Brown, Luan Nguyen, Melissa Morrison-Reyes, Sukhpreet Maan, Karim Ghobrial-Sedky, Mark G. Myers, Job Godino, David Strong

Background

Inadequate uptake of lung cancer screening (LCS) limits the impact of preventive care and contributes to disparities in lung cancer mortality in low-income populations. This gap in screening may be partly explained by variation in identifying eligible patients.

Methods

At Family Health Centers of San Diego (FHCS), one of the largest Federally Qualified Health Centers in the nation, we developed an academic-community partnership to refine LCS workflows in the EHR. We examined identification and documentation of at-risk smokers among adult primary care patients from two FHCS clinics (2/13/2025–7/24/2025). Logistic regression assessed predictors of LCS referral and completion.

Results

Among smokers aged ≥ 50 years ($n=1,682$), 82% were current smokers (median age 61 years), 24% were unhoused, 13% sexual or gender minority, and racially/ethnically diverse. Eligibility documentation gaps suggested under-identification of eligible patients. LCS referral varied from $<5\%$ to $>30\%$ across subgroups, indicating inconsistent referral practices. Older age was associated with higher odds of referral (aOR=2.49; 95%CI:1.35–4.66), while Mexican ethnicity and alcohol use disorder were associated with lower odds. Nearly all referrals occurred among current smokers, suggesting under-identification of eligible former smokers. Overall, 51% of referred patients completed LCS, and completion was not associated with demographic, housing, medical, psychiatric, or substance use factors. Patients referred to tobacco treatment had higher odds of LCS referral (aOR=2.0; 95%CI:1.6–2.5).

Conclusion

Findings suggest that improving identification of eligible patients may support LCS uptake. EHR- and workflow-based interventions targeting identification and referral may yield the greatest gains in equitable screening.





Poster Abstracts

Health Services Research and Health Policy

Title: Surviving, Not Thriving: Financial Stress and Help-Seeking at UCSD, 2026

Authors: Stella Ghevondyan, Marianna Andrade, Laura Ho, Andrew Olfato, Payton Bunnell, and Nancy Binkin, MD, MPH

Background

Financial insecurity is common among UC San Diego (UCSD) undergraduates and contributes to food and housing insecurity, depression, and anxiety. However, less is known about how financial difficulty shapes lived experiences of financially insecure students. We conducted a survey to examine consequences, coping mechanisms, and help-seeking behaviors of financially insecure UCSD undergraduates.

Methods

In February 2026, UCSD undergraduates completed a Qualtrics survey that included a financial security module. Financial insecurity was defined as ≥ 1 month of difficulty paying for basic needs during the academic year. EpiAnalysis, an R ShinyApp, was used to examine stressors, coping behaviors, and resource use among financially insecure students.

Results

Of the 1,326 respondents, 39% were financially insecure. Major financial stressors were paying basic living expenses (74%), school-related costs (63%), managing credit card and loan debt (34%), and unexpected emergencies (27%). The most common coping mechanisms included reducing non-essential spending (30%) and skipping/reducing meals (29%); 14% got jobs or increased work hours, and 13% skipped or delayed healthcare. Of the 43% who were employed, 25% worked ≥ 20 hours/week. Financially insecure students turned to personal savings (32%), sought help from informal sources such as family or friends (28%), and used credit cards (20%); only 9% reported using UCSD basic needs resources.

Conclusion

Financial insecurity affects 4 in 10 UCSD undergraduates, forcing students to make difficult choices. Financially insecure students rely primarily on informal or non-institutional support systems rather than campus support services. These findings highlight the need for adequate financial aid and greater accessibility, awareness, and perceived relevance of campus resources.





Poster Abstracts

Health Services Research and Health Policy

Title: Leveraging Population Health Infrastructure to Improve Diabetes Prevention Program Recruitment and Engagement

Authors: Morgan S. Keefe, DO, MPH, PGY-3 Preventive Medicine; Evelyn Bleu, BS; Deepa Sannidhi MD, MPH, DipABOM, FACLM Associate Clinical Professor

Background

The CDC's Diabetes Prevention Program (DPP) provides evidence-based lifestyle interventions to prevent type 2 diabetes. The University of California San Diego (UCSD) Health Preventive Medicine Residency Program trains residents to facilitate year-long DPP cohorts using a virtual delivery model. Recruitment through word-of-mouth and provider referrals remains a persistent barrier, limiting program reach.

Methods

Partnering with UCSD Population Health, we used an electronic health record (EHR) prediabetes registry and bulk messaging to promote virtual DPP informational sessions. Enrollment in the year-long program was offered to interested participants meeting DPP eligibility criteria. Engagement and attrition were tracked, supported by weekly reminders, follow-ups, and make-up video options.

Results

Of 11,102 eligible UCSD Health patients identified via EHR analytics and contacted through bulk messaging, 576 expressed interest and 193 attended informational Zoom sessions with trained DPP Lifestyle Coaches. Recruitment filled two 50-person cohorts, exceeding previous cohorts of only 2–5 participants. At one-quarter completion, weekly attendance to live sessions ranged from 66–87%, with total engagement (including make-up sessions) of 70–91% weekly. The attrition rate, including voluntary withdrawals and early non-engagers, was 12%.

Conclusion

System-level interdepartmental collaboration enhanced recruitment efficiency for a health system's virtual-model DPP compared with previous strategies, suggesting digital health communications can mobilize large patient populations into preventive programs. Routine communication outside live sessions may also contribute to low attrition and sustained engagement. EHR-based outreach combined with patient-centered communication can increase engagement in preventive programs and serve as a scalable model for population health and risk-reduction initiatives across health systems.





Poster Abstracts

Health Services Research and Health Policy

Title: Impact of Successive Medi-Cal Expansions on New Free Clinic Enrollees

Authors: Angelica Means, Isabella Cuturrufo, Michelle Johnson, MD

Background

California's Medicaid program extended health insurance eligibility to all income-eligible Californians regardless of age or legal status, culminating in the January 2024 Ages 26-49 Adult Expansion. The UC San Diego Student-Run Free Clinic Project (UCSD SRFCP) has served uninsured, low-income San Diegans who face barriers to accessing affordable health care. This study compares the demographics of new SRFCP enrollees with the pre-expansion population to characterize the cumulative policy impact on clinic utilization.

Methods

A retrospective analysis compared age, primary language, and gender of Pre-Expansion patients (active patients as of 4/30/2022, n=415), to Post-Expansion patients (new patients in 2025, n=72). Age was analyzed using a two-tailed t-test, and categorical variables with chi-squared tests. Analysis was conducted on Excel.

Results

Statistically significant differences were observed across all variables. Post Expansion patients were younger (49.44 vs 56.92 years, $p < 0.001$), more likely to list English as their primary language (38.89% vs 19.28%, $p < 0.001$) and reported a greater number of distinct primary languages (7 vs 2). Gender distribution was more balanced (54.2% female:45.8% male vs 73% female:27% male, $p = 0.001$).

Conclusion

A year following all Medi-Cal adult expansions, the data shows a predominantly middle-aged, increasingly diverse population continuing to face barriers in accessing health care and relying on free clinic services. The new SRFCP enrollees were significantly younger, more linguistically diverse, and more gender balanced than the pre-expansion patient population. These results reinforce the role of UCSD SRFCP in addressing health care gaps in San Diego and encourage consideration to which factors contribute to these gaps.





Poster Abstracts

Health Services Research and Health Policy

Title: Investigating Discordance Between Home Sleep Testing and Polysomnography in Obstructive Sleep Apnea

Authors: Catherina Santoso, Atul Malhotra, MD, Brynn Norby, B.S, Christopher Smickl, MD, Chris Studer, MBA, Geoffrey Sheean, MD, Lulu Azure, Pamela DeYoung, B.S, RRT, Ross Mandeville, MD, Shamim Nemati, PhD, Jejo Koola, MD

Background

Obstructive Sleep Apnea (OSA) affects 22 million U.S. adults yet 70% remain undiagnosed. Polysomnography (PSG) is the diagnostic gold-standard, but is costly and often inaccessible. Home Sleep Testing (HST) offers a more accessible alternative, but is prone to missing key data. We evaluated concordance between PSG and HST results and assessed factors associated with discordance.

Methods

As part of a larger study, we enrolled adults with PSG-confirmed moderate to-severe OSA, determined by the Apnea-Hypopnea Index (AHI) ≥ 15 , or no OSA (AHI < 5); all subjects also completed an HST. Discordance was defined as differing AHI classification between modalities. Multivariable logistic regression evaluated age, sex, race, ethnicity, BMI change, and Charlson Comorbidity Index (CCI).

Results

Of 72 subjects, 29 (40%) had no OSA and 43 (60%) had moderate-to-severe OSA. On average, OSA subjects were older (55 ± 11 vs. 44 ± 12 years, $p < 0.001$), and often female (32/43 [74%] vs. 11/29 [38%], $p = 0.002$), with similar BMI ($p=0.20$). Twenty-four (33%) demonstrated discordance. Discordant subjects were older (54 vs. 49 years, $p = 0.064$) and more likely to have moderate-to-severe OSA (21/24[88%] vs. 22/48[46%]). On multivariable regression, moderate OSA (10/18 discordant, aOR 0.015, $p = 0.006$) and severe OSA (11/25 discordant, aOR 0.027, $p = 0.010$) had significantly reduced odds of concordance versus no OSA.

Conclusion

OSA severity was independently associated with reduced PSG-HST concordance, while demographic and comorbidity factors were not. HST results warrant cautious interpretation in patients with higher AHI values, supporting development of more reliable diagnostic tools for this population.





Poster Abstracts

Health Services Research and Health Policy

Title: Beyond Crude Rates: Pediatric Immunization Adherence Differences between Public and Private Insurance

Authors: Daniel Kovelman-Ottillie, Haoyang Huang, Cassidy Boyd, MPH

Background

Immunization adherence differs by insurance type and age in pediatric patients. Associations may be confounded by differences in healthcare utilization.

Methods

2024–2025 claims data from an integrated claims analytics platform from a large tertiary pediatric network in Southern California included Healthcare Effectiveness Data and Information Set (HEDIS) measures of immunization adherence (yes/no) and healthcare utilization (care gap count). A multivariable logistic regression model predicting adherence included insurance type, age group, care gap count (number recommended preventive care services not yet received), and race/ethnicity.

Results

There were (n=8,255) patients with complete data for childhood (CIS-10, n=3,546) or adolescent (IMA-E, n=4,709) vaccine adherence measures. Childhood vaccination adherence (42.4%) was significantly lower than adolescent adherence (78.5%; difference: -36.1%, 95% CI [-38.1%, -34.1%]), while commercially insured patients outperformed Medi-Cal patients by 16.9% (95% CI [14.6%, 19.0%]). Medi-Cal patients had a higher care gap burden (mean 3.87 vs. 0.82). In adjusted models, each additional care gap was associated with approximately an 85% reduction in odds of adherence (ORadj 0.146, 95% CI [0.128, 0.168]). After adjustment, Medi-Cal patients had higher associated odds of adherence for adolescents (ORadj 3.72, 95% CI [2.88, 4.82]), and children performed at least as well – possibly better, though the precise magnitude is unreliable (ORadj>100, consistent with near-complete separation). The association between insurance type and adherence differed by age group ($p < 2.16 \times 10^{-16}$).

Conclusion

Accurate measurement of immunization equity requires moving beyond crude insurance-type comparisons, as utilization-driven confounding may mask structural inequities and misdirect quality improvement efforts toward the wrong populations.





Poster Abstracts

Health Services Research and Health Policy

Title: AI-Driven Insights into Risky Passenger Vehicle Driver Behaviors

Authors: N.K. Kam, MS, S. Hacker, J.J. Rogers, MS Edu, L.L. Hill, MD, MPH, PhD, R.S. Garfein, PhD, MPH, R.J. Moran, MD, MPH

Background

Passenger vehicle crashes account for the majority of roadway injuries and fatalities in the United States, far exceeding those attributed to other modes of transportation. Risky driving behaviors remain persistent contributors to these crashes. We utilized naturalistically collected observation data leveraging AI-assisted imaging and sensor data to quantify risky passenger vehicle driving behaviors across San Diego County.

Methods

Over 2000 hours of data were collected across 12 roadways from April to August 2024. Prevalence was calculated for seat belt non-compliance, speeding, and hand-held cellphone use. Associations of risky behaviors and contextual factors were analyzed using Chi-Square statistics.

Results

A total of 2,033,004 passenger vehicles were analyzed. Overall, 1.60% of drivers were not wearing a seatbelt, 5.14% were using a cell phone, and 30.41% were speeding. Seatbelt non-compliance was higher in the far-right lane (Lane 1) compared to the adjacent lane (Lane 2) (2.34% vs. 1.02%), and peaked during the AM rush (6:30-8:30 AM). Cell phone use was the highest during the AM rush (6.13%). Speeding was substantially higher in Lane 2 compared to Lane 1 (38.08% vs. 20.41%) and peaked during mid-morning (8:00AM-11:59 AM) (48.70%). All three behaviors were elevated at border sites and on flat/curvy roadways. Seasonal differences were observed, with higher speeding in summer and higher seatbelt non-compliance and cell phone use in spring (all $p < 0.0001$).

Conclusion

Risky driving behaviors were observed at concerning levels across all sites, with prevalence higher than expected, particularly for speeding. These findings underscore the need for targeted enforcement and intervention strategies to address preventable roadway risk.





Poster Abstracts

Health Services Research and Health Policy

Title: The art of reassurance: A conversation analytical study of general surgeons reassuring patients

Authors: Chloe Kim, Maya Madhat, Emily Mamou, Katrina Minaya, Shierica Veal, Anne White

Background

Reassurance—removing a patient's doubts or fears—is a crucial component of the doctor-patient relationship and prevents patients from feeling dismissed or untreated. Despite its importance, guidance on exactly how and when physicians should deliver reassurance to patients remains unclear. Using naturalistic, video-recorded clinical interactions to study reassurance is an emerging area of research. This analysis builds on our prior research about physicians reassuring patients who have no-problem diagnoses.

Methods

This study uses Conversation Analysis, a qualitative method for examining recurrent, systematic patterns in naturally occurring communication. We analyzed video-recorded clinic visits from a rural Texas general surgery practice (n=33 visits) and identified physician utterances that aimed to reassure patients about medical concerns that required treatment. Cases were organized by sequential position, social action, and design.

Results

Physicians offered reassurance for three distinct purposes: (1) Responding to patient's explicit expressions of fear — when patients expressed fear or worry, physicians responded immediately, such as by emphasizing a treatment's safety when a patient resisted a treatment recommendation; (2) Providing positive assessments of new information — when reviewing test results or imaging, physicians used reassurance unprompted to preempt patient worry (3) Closing a topic or visit — physicians proactively framed care as a team effort, committing to ongoing support, and offering hope that effective treatment exists in order to facilitate the visit's progression or closing.

Conclusion

These findings clarify how and when physicians reassure patients in surgical contexts, contributing practical insight into an underspecified but essential clinical communication skill.





Poster Abstracts

Health Services Research and Health Policy

Title: The Contribution of Peripheral Intravenous Catheters to Central Line Associated Bloodstream Infections

Authors: Cheyenne Kreide MPH candidate, Francesca Torriani, MD, FIDSA, Frank Meyers III, MA, CIC, FAPIC

Background

Central line associated bloodstream infections (CLABSI) pose significant risk for morbidity and mortality. Multiple studies have demonstrated that having more than one vascular access device increases the risk of CLABSI. Patients with multiple concurrent central venous catheters have higher risk compared to those with a single line, even after adjusting for severity of illness and comorbidities. Peripheral intravenous devices (PIVs) may represent a modifiable risk. However, the contribution to CLABSI risk is unclear. This project aims to quantify the added risk of PIVs on CLABSI at UC San Diego Health.

Methods

This retrospective case-control quality improvement project was conducted using data from UC San Diego Health. Data was obtained from EPIC and the NHSN database. Cases include hospitalized patients diagnosed with CLABSI in 2024. Controls (1:3) include patients with central lines and did not develop CLABSI. Cases and controls are matched on the central line insertion site and duration from insertion to event. For cases with >120 line-days, the matching window will be expanded to 120-180+ days. The exposure of interest is the presence and number of concurrent PIVs.

Results

Results will demonstrate the association between the number of concurrent PIVs and CLABSI. It is anticipated that an increased number of PIVs will be associated with higher odds of CLABSI after confounding adjustments. CLABSI rates per 100 central line days and time to CLABSI will also be reported.

Conclusion

Findings will be used to educate clinicians on CLABSI risk.





Poster Abstracts

Mental Health and Substance Use

Title: Content analysis of cannabis edibles: product characteristics, packaging features, and online promotions

Authors: Bing Han Ph.D., Yuyan Shi Ph.D.

Background

As legal cannabis markets expand in the United States, edibles have become increasingly popular, particularly among youth. This study assessed cannabis edible product characteristics, packaging features, and online promotions that may appeal to or mislead consumers.

Methods

Between November 2023 and August 2024, we identified active online cannabis dispensaries in the United States using the National Cannabis Industry Association member directory. We conducted a content analysis of 2,282 cannabis edible products, examining front-of-package information on product characteristics, child-oriented features, health and non-health claims, warnings, and online promotional strategies.

Results

Over half of products were gummies, and more than 80% contained at least 100 mg of total tetrahydrocannabinol (THC). Few packages included individual packaging or serving size information. Child-appealing elements were common: over 20% of products featured animated or human-like characters, nearly all were flavored (most commonly fruit), and more than half used packaging with four or more colors. Non-health claims appeared on 27.7% of products, cannabis-infused labels on 48.1%, and underage use warnings on 16.4%. Product-specific promotions were present for 77.0% of products, and nearly all had storewide promotions.

Conclusion

Cannabis companies frequently use marketing strategies that may increase the appeal of edibles or mislead consumers, particularly youth. Further research is needed to understand how these strategies influence perceptions and to inform regulations on cannabis packaging and promotion.





Poster Abstracts

Mental Health and Substance Use

Title: School Surveillance Systems in K-12 Education: A Comparative Analysis and Development of a Visual Toolkit for Informative Decision-Making

Authors: Jasmin Marie Macalma and Elizabeth V. Eikey, PhD

Background

In recent years, school surveillance systems across K-12 school districts in the United States have expanded as a means of prevention against violence, self-harm, and bullying among adolescents. Despite widespread adoption, there is limited empirical evidence that evaluates whether these systems truly improve mental health or student safety outcomes.

Methods

A comparative analysis of seven school surveillance systems (Bark, Deledao, Gaggle, GoGuardian, Lightspeed, Linewize, and Securly) was done using their publicly available information to explore the gap between lived experiences among adolescents, marketing claims, and available evidence. This project used a multi-step approach including a review of company materials, a literature review focusing on algorithmic bias, false positives, mental health impacts, and privacy, and thematic coding of adolescent focus group data derived from a larger study. Audio and chat data from five teen focus groups were used.

Results

Findings were integrated to identify key themes across surveillance technologies, which include privacy and transparency, safety framing, mental health support, and efficiency vs. fairness. Across these themes, surveillance companies consistently framed surveillance systems as preventative safety tools, while adolescent perspectives demonstrated concerns related to fairness, trust, and autonomy. Findings overall demonstrated consistent gaps between how these companies frame surveillance and how students experience surveillance in practice.

Conclusion

These findings were translated into a visual digital toolkit to help parents and other stakeholders compare surveillance systems and better understand their potential benefits and risks. These insights have strong implications for greater transparency, independent evaluation, and informed decision-making when adopting and assessing school surveillance technologies.





Poster Abstracts

Mental Health and Substance Use

Title: Needs Assessment among People Who Use Drugs in Downtown San Diego

Authors: Jingtong Wang; Dafna Paltin, MS; Jonah Schieber; Victoria O. Chentsova; Eli M. Solomon; Shae M. Atkins; Gulshanbir K. Baidwan, MS; William Eger, MPH; Angela R. Bazzi, PhD; Katie Bailey, PhD

Background

Drug overdose remains a major public health issue in the U.S. Community-based harm reduction programs play an important role in reducing drug use risks. The Harm Reduction International Health Collective (HRIHC) conducts street-based outreach in San Diego's East Village. This needs assessment aimed to describe participant characteristics, drug use patterns, and service needs to inform outreach planning.

Methods

A survey-based needs assessment was conducted during outreach events in June and October 2025. A total of 69 participants completed the survey. Data were analyzed using descriptive statistics and cross-tabulations.

Results

Most participants reported recent non-prescription drug use, with methamphetamine (67.9%) and fentanyl (35.8%) most commonly reported. Smoking was the dominant route of administration (79.2%). Over half (53.8%) reported adverse effects or suspected drug contamination, particularly among those reported using opioids. Participants demonstrated peer-based harm reduction practices, including sharing supplies (67.2%) and using naloxone to reverse overdoses (42.5%). Bubble pipes were the most requested items (65.2%), followed by naloxone (52.2%). Participants expressed strong interest in potential wound care (65.5%), drug checking (62.6%), and mental health services (57.8%).

Conclusion

Findings suggest participant preferences and a need for safer smoking supplies. Expanding access to drug checking tools and education on drug supply contaminants may help address risks related to an increasingly unpredictable drug supply that may explain participants' adverse experiences. Strong peer-based harm reduction practices highlight opportunities to strengthen supply redistribution and overdose response networks. Integrating wound care and mental health support through partnerships may further improve outreach impact.





Poster Abstracts

Mental Health and Substance Use

Title: Evaluating the Implementation of Digital Cognitive Behavioral Therapy: A Systematic Review

Authors: Isaac Bouchard, MA, Priya Iyer, Elizabeth Eikey, PhD

Background

Digital Cognitive Behavioral Therapy (dCBT) tools can be effective in treating a variety of emotional disorders (Carlbring et al., 2018; Jadhakhan et al., 2022) and have rapidly evolved within recent years. Despite promising effects and potential to increase access to evidence-based care, dCBT tools face challenges with reach, adoption, implementation, and individual-level and system-level maintenance (Ramos et al., 2024). Documenting implementation-relevant outcomes across dCBT studies can elucidate the extent to which dCBT tools are prepared for real-world implementation. This review applies implementation science frameworks to inform study designs for early-stage implementation planning of dCBT tools across settings.

Methods

A systematic review will be conducted using a modified search strategy from a previous scoping review (Bernstein et al., 2022) of dCBT. Peer-reviewed, empirical articles from PubMed, PsycINFO, and Embase published between January 1, 2020 to October 31, 2025 will be reviewed. The Outcomes for Implementation Research (Proctor et al., 2011) and RE-AIM (Glasgow et al., 2019) frameworks will be applied to document implementation-relevant outcomes. As part of a larger review, the following study will report on preliminary findings related to implementation-relevant outcomes, study design, and setting.

Results

The search yielded 1,171 papers, which will be screened to focus on the real-world application of dCBT tools. Documenting implementation-relevant outcomes across study designs and settings will identify how dCBT tools have been tested and the extent to which implementation is planned across settings.

Conclusion

The dCBT implementation gaps identified will inform critical implementation strategies across settings, supporting the external validity, implementation, and sustainment of dCBT.





Poster Abstracts

Mental Health and Substance Use

Title: Impact of Cannabis-Impaired Driving Messages on User Risk Perception and Behavioral Intent

Authors: Jocelyn Vielma-Garcia, BS, Renée Dell'Acqua, MPH, Sarah Hacker, BA, Daniel Ageze, MD, MPH, Sara Baird, MD, Thomas Marcotte, PhD, Linda Hill, MD, MPH

Background

Cannabis use has increased in the United States alongside legalization and higher THC potency. Despite evidence that cannabis decreases reaction time, attentiveness, and vehicle control, many users underestimate its effects and report feeling safe to drive shortly after use. Existing prevention campaigns are limited and rely on generalized messaging. This study evaluates how cannabis-impaired driving messages and sources influence risk perception and behavioral intentions.

Methods

A cross-sectional, mixed-methods study was conducted with 846 adult cannabis users across eight U.S. states. Participants were 21 years old or older, had used cannabis within the past three months, held a valid driver's license, and reported feeling safe to drive within the same day of use. Participants evaluated eight messages with accompanying imagery representing factual, risk-based, lifestyle-oriented, and playful approaches. Among the outcomes were perceived efficacy, credibility, relevance, behavioral intentions, and trust in message sources.

Results

Factual messages were rated most believable and informative. Risk-based messages were attention-grabbing but sometimes perceived as exaggerated, while playful messages received mixed reactions. 59% reported increased likelihood of using alternative transportation after self-reflective messages. Only 23%-29% reported intentions to reduce cannabis use. Celebrities were least trusted, while public health and medical professionals were most trusted. The most responsive participants were those at medium and high risk.

Conclusion

Factual, non-judgmental messaging (e.g., *THC effects and Studies Show*) delivered by public health or medical professionals are most effective in promoting safer driving behaviors. High-risk users require tailored solutions.





Poster Abstracts

Mental Health and Substance Use

Title: Lung cancer screening among people living with HIV in primary care

Authors: Nichelle Brown, MPH, David Strong, PhD, Kimberly Brouwer, PhD, Brittany Olivera, MPH, Paloma Mohn, CRC, Luan Nguyen, MPH, Naomi Romero Alvarez, CRC, Melissa Morrison-Reyes, Charles Smoot, MD, Mark Meyers, PhD, and Job Godino, Ph.D.

Background

Tobacco use is 19.8% in the general US population, but 2-4 times higher among people living with HIV (PLWH). Tobacco and lung cancer screenings are offered in primary care. Given the high prevalence of tobacco use and increased burden of cancer risk, this study examined tobacco use and lung cancer screening among PLWH.

Methods

We utilized baseline data (July 2022-February 2023) from a randomized controlled trial of tobacco cessation services. The study population included patients with current documented tobacco use. Relationships between HIV status, tobacco use, receiving and completing lung cancer screening were assessed using mixed effects modeling.

Results

PLWH were more likely to have current documented tobacco use than other patients (OR: 1.49; CI: 1.25-1.78). Overall, 11% were referred for lung cancer screening and 51% of those referred completed the screening. Among eligible patients who smoke, PLWH were more likely to receive referrals for lung cancer screening (OR: 2.14; CI: 1.09-4.19) and complete lung cancer screening (OR: 2.53; CI: 1.10-5.80).

Conclusion

PLWH had a higher prevalence of documented tobacco use. Referrals among those eligible for lung cancer screening were low overall, but PLWH had a higher prevalence of referrals and lung cancer screening completions. PLWH have more primary and specialized care contact, presenting more opportunities to receive lung cancer screening. Efficiencies in primary care visit workflows in clinics serving PLWH may inform efforts to improve referrals for lung cancer screening for all eligible patients who smoke.





Poster Abstracts

Mental Health and Substance Use

Title: Tobacco Treatment Engagement Among Unhoused Smokers in Federally Qualified Health Centers

Authors: Luan Nguyen, MPH, David Strong, PhD, Kimberly C. Brouwer, PhD, Brittany Olivera, MPH, Nichelle Brown, MPH, Melissa Morrison-Reyes, MPH, Paloma Mohn, Naomi Romero Alvarez

Background

Unhoused individuals smoke at rates three times higher than housed populations, yet tobacco treatment engagement within Federally Qualified Health Centers (FQHCs) remains poorly characterized. We described the characteristics of unhoused smokers and examined predictors of tobacco treatment at Family Health Centers of San Diego (FHCS), a large FQHC network serving low-income communities.

Methods

A cross-sectional analysis of 1,575 electronic health records (2022–2023) from unhoused smokers was conducted prior to clinic enrollment in a trial evaluating tobacco-treatment workflows. Receipt of tobacco treatment included referral to Kick It California (KIC), health coaching, or pharmacotherapy. Mixed-effects logistic regression (clinic random effect) evaluated predictors of tobacco treatment.

Results

Most unhoused patients who smoked were male (64%), aged 35–54 (46%), and White (46%), with chronic diseases (41%), psychiatric (14%), and substance use (16%) diagnoses. Despite this, 84% received no tobacco treatment, 10% received pharmacotherapy only, and 6% received behavioral support. Insurance status, age, psychiatric diagnosis, and medical diagnosis differed between treated and untreated patients. In adjusted models, uninsured patients had lower odds of treatment compared to privately insured patients (OR 0.43, 95% CI 0.23–0.81). Patients aged 55–60 had higher odds of treatment than those aged 18–34 (OR 1.93, 95% CI 1.19–3.13).

Conclusion

Most unhoused smokers had no documented tobacco treatment, suggesting it was not offered rather than refused. Insurance status and age indicate structural barriers to access and warrant investigation into patient, provider, and system-level barriers. Low-barrier, insurance-independent approaches and improved provider referrals are needed to increase engagement and reduce disparities.





Poster Abstracts

Mental Health and Substance Use

Title: National Trends in Suicidal Ideation, Planning, and Attempts Among Older Adults, 2021-24

Authors: Tyler Simi, Kevin H. Yang, MD, Krish Jagasia, Alison A. Moore, MD, MPH, Joseph J. Palamar PhD

Background

Suicide rates remain disproportionately high among middle aged and older adults in the United States, yet recent national trends in suicidality and associated risk factors are not well characterized.

Methods

We conducted a serial cross sectional analysis of adults aged ≥ 50 years from the 2021-2024 National Survey on Drug Use and Health (NSDUH), a nationally representative survey. Outcomes were past year suicidal ideation, planning, and attempts assessed via standardized self-report items. Logistic regression estimated temporal trends for all three outcomes and tested interactions by sociodemographic factors, major depressive episode (MDE), serious psychological distress, substance use, prescription misuse, and chronic medical conditions for suicidal ideation and planning.

Results

From 2021 to 2024, suicidal ideation increased from 2.0% to 2.9% (42.6% increase, $P=.049$). Suicide planning increased from 0.3% to 1.1% (256.2% increase, $P<.001$), and suicide attempts increased from 0.2% to 0.6% (263.3% increase, $P=.02$). Although absolute prevalence was highest among adults with MDE, significant increases occurred among those without MDE (ideation: 83.8% increase, $P=.001$; planning: 565.3% increase, $P<.001$), while prevalence among those with MDE remained stable. Suicidal ideation also increased among those without alcohol use (132.9% increase, $P<.001$), and suicide planning increased among those with and without cannabis use, but more steeply among the former (449.9% vs 188.3%, interaction $P=.04$).

Conclusion

Suicidality increased significantly among US adults aged ≥ 50 years from 2021 through 2024. Increases were concentrated among those without MDE, who are unlikely to be flagged by depression-focused screening, highlighting the need for broader risk assessment for suicidality.





Poster Abstracts

Mental Health and Substance Use

Title: Effects of Smoking on Outcomes of Hypertension

Authors: Thoai Phan, Nikhil Puvvula, Beiqin Ye

Background

Hypertension affects nearly half of adults in the United States and is a risk factor for cardiovascular disease and stroke. Smoking can raise its risk by causing damage to blood vessels. We evaluate the association between smoking status and hypertension and assess how this relationship changes after considering confounders such as age, sex, and BMI. This study analyzed cross-sectional data from the 2021-2023 cycles of the National Health and Nutrition Examination Survey.

Methods

Smoking status was categorized as never, former, or current based on questionnaire responses. Logistic regression models were used to estimate odds ratios and 95% confidence intervals for hypertension while adjusting for age, sex, and BMI. Interaction terms assessed whether BMI modified the relationship between smoking and blood pressure.

Results

Our sample size is 6,052 individuals. Current smokers had higher odds of hypertension compared with never-smokers (OR = 1.32, 95% CI: (1.13, 1.54)). Former smoking did not show a significant association with hypertension (OR = 1.06, 95% CI: (0.93, 1.21)). Assessing the interaction term, the effect of BMI on blood pressure is reduced for current smokers compared to non-smokers, suggesting that there exists confounding.

Conclusion

Smoking is associated with increased cardiovascular risk. However, the increase in risk appeared to attenuate among former smokers, as they had a similar risk of hypertension as never-smokers. Limitations in this study include self-reported smoking status, so longitudinal studies are needed to better assess the temporal relationship between smoking and hypertension. Smokers who have hypertension are encouraged to quit smoking.





Poster Abstracts

Mental Health and Substance Use

Title: Access and Use of Safer Smoking Equipment at the U.S.-Mexico Border

Authors: William H. Eger, MPH; Logan Hehner; Katie Bailey, PhD; Maia Hauschild; Alicia Harvey-Vera, PhD; Carlos F. Vera; Heather A. Pines, PhD; Eileen V. Pitpitan, PhD; Thomas L. Patterson, PhD; Steffanie A. Strathdee, PhD; Angela R. Bazzi, PhD; Erika L. Crable, PhD

Background

Smoking of unregulated fentanyl and methamphetamine has increased in North America, contributing to rising smoking-related harms among people who use drugs (PWUD). Yet, access and use of safer smoking equipment to reduce smoking-related harm in the fentanyl era remain understudied. We therefore aimed to: (1) identify determinants of smoking equipment access and use; and (2) examine how these determinants shape patterns of use and related harms.

Methods

We conducted semi-structured interviews with people who use heroin, fentanyl, or methamphetamine and professional key informants involved in smoking equipment distribution (e.g., syringe services program staff) across the San Diego–Tijuana Border Region between October 2024 and July 2025. Data collection and thematic analysis were guided by the exploration, preparation, implementation, sustainment (EPIS) framework.

Results

Across interviews with 36 PWUD and 19 key informants, we found that PWUD preferred smoking equipment that was durable, efficient, and safer than improvised materials. However, access to safer smoking equipment was limited by outer contextual factors, including municipal hostility, criminalization of smoking equipment, and organized crime; funding and regulatory restrictions on harm reduction services; and law enforcement practices and stigma. In this context, PWUD used lower-cost, familiar but less desirable, and more available materials that contributed to blood-borne infection risk and physical harms.

Conclusion

Limited access to safer smoking equipment contributed to health-related harms among PWUD. Expanding distribution through community programs may reduce some harms but should be accompanied by paraphernalia policy reform and efforts to improve law enforcement understanding of harm reduction.





Poster Abstracts

Mental Health and Substance Use

Title: Addressing Appetitive Traits in Children Who Overeat: Randomized Clinical Trial in Progress

Authors: Allison M. Boyar, Ellen K. Pasquale, Dawn Eichen, Ahtziry Esquivel, Emma Rasmussen, David R. Strong, Carol B. Peterson, Kyung Rhee, Kerri N. Boutelle

Background

In the U.S., 35.4% of children have overweight or obesity (OW/OB), leading to serious comorbidities. Family-based treatment (FBT) is the most effective behavioral intervention, though many children do not maintain long-term weight loss. Unaddressed appetitive traits, including food responsiveness (FR) and satiety responsiveness (SR), may contribute to poor outcomes. We developed Regulation of Cues (ROC), a novel treatment that uses experiential learning to target FR and SR through monitoring of hunger and satiety and exposure to highly craved foods to build craving tolerance and inhibit overeating urges. Prior studies found higher FR predicted better ROC outcomes and poorer FBT outcomes. This ongoing randomized clinical trial evaluates the efficacy of ROC, FBT, ROC + caloric restriction (ROC+), and a health education comparator (HE) on weight loss among children with high FR and OW/OB.

Methods

We will enroll 280 parent-child dyads from San Diego, CA and Minneapolis, MN. Eligible children are aged 7-12 years, have OW/OB ($\geq 85.0\%$ BMI), exhibit high FR (on the Child Eating Behavior Questionnaire), on a stable medication regimen, and have no medical conditions limiting physical activity. Dyads are randomized to 20 sessions over 6 months of ROC, FBT, ROC+, or HE by child sex, BMIz, and parent weight status.

Results

As of April 2026, 105 dyads were randomized across both sites (San Diego N = 64; Minneapolis N = 41). Recruitment and data collection remain ongoing.

Conclusion

Continued recruitment and follow-ups will clarify intervention efficacy and inform tailored obesity treatments for children with high FR.





Poster Abstracts

Mental Health and Substance Use

Title: Uncertainty in the Clinic: Provider perspectives on documenting and addressing vaping

Authors: Melissa Morrison-Reyes, Kimberly C. Brouwer, PhD, Brittany Olivera, Paloma Mohn, Gabriela Favela Ramirez, Nichelle Brown, Luan Nguyen, Naomi Romero Alvarez, Job Godino, PhD, Charles Smoot, M.D., Karim Ghobrial-Sedky, M.D., David Strong, PhD

Background

While primary care visits offer an ideal opportunity for screening and counseling on e-cigarette use, relatively little is known about how providers address this evolving issue. We examined how providers document and address e-cigarette use.

Methods

62 semi-structured interviews were conducted from July 2023 to November 2024 at Family Health Centers of San Diego, one of the top ten largest FQHCs in the country, as part of a clinical trial implementing tobacco treatment services. Thematic content analysis was conducted to identify themes related to vaping.

Results

While not a focus of the trial, vaping was discussed with physicians (n=23), medical assistants (n=12), and emerged spontaneously with two health educators. A consistent theme was providers are unclear on best practices for documenting and quantifying vaping in the medical record. There were mixed opinions from providers about how to address vaping. Some providers approach vaping as equivalent to traditional cigarettes, while others point to insufficient evidence around treating use. Many providers noted they have not treated vaping cessation, and those who have weren't confident in the best approach. Providers note a need for up-to-date training and patient educational materials.

Conclusion

We found providers are uncertain on how to properly document, quantify, treat, and advise patients who vape. Expanding medical record options to capture types and quantities of e-cigarette use would increase accuracy. Updated training on best practices would provide the knowledge and confidence to best support patient efforts to quit, or to switch to lower risk products.





Poster Abstracts

Mental Health and Substance Use

Title: Incidence and Timing of New-Onset Depression and Anxiety Diagnoses Following Cancer Diagnosis
Authors: Suraj Manohar Rajan, BA; Vivian Tran, MPH; Aaron-John Lee; Carol Y. Ochoa-Dominguez, PhD, MPH; Joshua Demb, PhD, MPH; Melody K. Schiaffino, PhD, MPH; Edmund Qiao, MD; Tyler Seibert, MD, PhD; James Murphy, MD; Brent Rose, MD; Matthew P. Banegas PhD, MPH

Background

Depression and anxiety are common among individuals with cancer and are associated with adverse outcomes. However, the incidence, timing, and disparities of new-onset psychiatric diagnoses following cancer diagnosis remain incompletely characterized.

Methods

We conducted a retrospective cohort study of 1,161,370 adults diagnosed with ten cancers (2015–2025) in the University of California Health system using OMOP-standardized electronic health records. Patients with depression or anxiety in the year prior to cancer diagnosis were excluded. Incident diagnoses of depression and anxiety following cancer diagnosis were identified. Fine–Gray competing risk regression models examined factors associated with psychiatric diagnoses, with death as a competing event.

Results

Overall, 22.2% of patients developed a new psychiatric diagnosis, including anxiety only (8.4%), depression only (5.7%), and comorbid diagnoses (8.2%). Although many diagnoses occurred within 12 months, a substantial proportion occurred later. Female patients had higher hazards of depression (aSHR 1.50), anxiety (aSHR 1.59), and comorbid diagnoses (aSHR 1.80). Compared with White patients, Asian patients had lower hazards, while Hispanic patients had higher hazards of depression and anxiety. Medicaid insurance was associated with increased hazards of psychiatric diagnosis compared with private insurance. Timing varied by cancer type, with pancreatic cancer showing the shortest time to diagnosis and prostate cancer with the longest.

Conclusion

Over one in five patients develop depression or anxiety with variation across demographic and clinical factors. Many diagnoses occur beyond the initial treatment period, underscoring the need for longitudinal and equitable mental health screening throughout the cancer care continuum.





Poster Abstracts

Mental Health and Substance Use

Title: Assessing Psychological Distress, Attitudes, and Service Barriers among MENA Second-Generation Youth

Authors: Raghad Aljenabi, Danielle Fettes, Angela Bazzi, Wael Al-Delaimy

Background

Middle Eastern North African (MENA) second-generation youth experience a high prevalence of mental illnesses but low utilization of services. This study measured the associations of psychological distress, help-seeking attitudes, and perceived barriers among these youth.

Methods

Measures included HSCL-10 that measured psychological distress, ATSPPH for service-attitudes, BASH-B for barriers to seeking help, and service related and open-ended questions. Inclusion criteria were: 13-25 years of age, identify as MENA, born in the U.S., and have at least one foreign-born parent. Bivariate chi-square/Fisher tests and multivariable logistics regression analysis examined associations between high and low distress groups and demographic, help-seeking, and perceived need.

Results

In this ongoing study, 33 participants completed the surveys from January to March 2026; their mean age 18, with 23 female and 10 males. Majority of participants were in the high distress group and 45% of them utilized formal services ($p = 0.055$). Those who perceived more service barriers were more likely to be in the high distress group ($OR = 1.26$; 95 % CI = 0.97–1.77; $p = 0.11$). Females had higher odds of being in the high distress group ($OR = 3.54$; 95 % CI = 0.16–197; $p = 0.45$). At this stage of the study, results have not reached statistical significance. Four barriers were identified in help-seeking: 1) lack of need, 2) structural barriers, 3) stigma, and 4) lack of appropriate services.

Conclusion

The co-occurrence of high psychological distress and formal use suggests that those seeking services may already be symptomatic. High perceived service barriers emphasize the need for tailored outreach methods to MENA second-generation youth.





Poster Abstracts

Mental Health and Substance Use

Title: Comparing Mental Health Effects Among Scholar Athletes and General College Students

Authors: Dalena Pham, Suzi Hong, PhD, Michael Pratt, MD, MPH, and Wael Al-Delaimy, MD, PhD

Background

Past research shows that stigma is a key barrier to mental health help-seeking among scholar athletes, contributing to maladaptive coping strategies. This study compares mental health help-seeking attitudes, perceived stress, self-esteem, body image, burnout, and overall mental well-being outcomes between scholar athletes and other students.

Methods

A mixed-methods cross-sectional study collecting data from questionnaires and qualitative interviews with a convenience sample of 50 undergraduate and graduate students aged 18-25. Questionnaires included the validated instruments of MHSAS, PSS, RSE, BISS, MBI, and WEMWBS among other open-ended items about team culture surrounding mental health. Qualitative interviews explored participants experiences and mental health habits to contextualize group trends. Data collection began in December 2025 and is ongoing. Independent samples t-tests and one-way ANOVA were used to compare scholar athletes and non-athletes on various psychological outcomes. Qualitative interviews were analyzed using thematic analysis of how institutional, cultural, and interpersonal factors influence mental-health help-seeking among participants.

Results

These are preliminary results as data collection is ongoing. Participants mean age was 21.5 with 18 scholar athletes and 32 non-athletes. Most participants are open to seeking help, but team attitudes vary by sport from supportive of mental health topics to not really talked about.

Conclusion

Once data collection is complete, any statistically significant difference in psychometric outcomes between scholar athletes and their peers will be noted. Suggestions for increasing well-being among scholar athletes will also be included, such as increasing access to mental health professionals and well-being resources.





Poster Abstracts

Quantitative Methods in Public Health

Title: Functional Modeling of Physical Activity Trajectories in Breast Cancer Survivors

Authors: Chang Yan, Lucy Shao, Rong W Zablocki, Sheri J Hartman, Loki Natarajan

Background

The ICan! study is a two-arm randomized trial evaluating a 6-month physical activity intervention among breast cancer survivors. This study aimed to characterize physical activity patterns over time and assess whether baseline characteristics can predict PA patterns.

Methods

We analyzed one year of Fitbit-derived daily activity data from 122 participants in the intervention group. Functional principal component analysis (FPCA) was used to model individual activity trajectories. Gaussian mixture model clustering was applied to FPCA scores to identify distinct PA clusters. Baseline demographic, clinical, and MVPA measures were used to predict cluster membership via penalized regression models (LASSO and Ridge), with performance evaluated using 5-fold cross-validation.

Results

The first four FPCA components explained over 98% of the variability in activity patterns. Clustering identified three distinct clusters corresponding to least active, moderately active, and most active patterns. These clusters showed clear and stable separation in moderate-to-vigorous physical activity (MVPA) across follow-up visits, supporting the alignment between Fitbit-derived patterns and MVPA.

Conclusion

FPCA provides a representation of activity trajectories and enables identification of distinct behavioral subgroups. Baseline characteristics show potential for predicting activity patterns, which may help identify individuals at risk of low activity and inform targeted intervention strategies.





Poster Abstracts

Quantitative Methods in Public Health

Title: Use of Artificial Intelligence Supported Cameras to Improve CMV Safety

Authors: Carly S. Glasson, J. Jill Rogers, Richard S. Garfein, Sarah D. Hacker, Dr. Linda L. Hill, Dr. Ryan J. Moran

Background

Commercial Motor Vehicles (CMVs) are essential for freight transport but pose heightened safety risks due to their size and operational demands. Fatal CMV-involved crashes in the United States have increased by 56% since 2010, with speeding, cellphone use, and seatbelt noncompliance among the leading contributing factors. Although Variable Message Signs (VMS) are widely used to influence driver behavior, their real-world effectiveness, particularly among CMV drivers, remains unclear. This study evaluated whether targeted roadside messages delivered via VMS could reduce high-risk driving behaviors among CMV drivers on San Diego County highways.

Methods

At four highway locations, two AI-equipped trailers captured CMV driver behavior before and after a VMS display. Drivers detected speeding, hand-held cellphones, and/or being unbelted at the first trailer were randomly assigned to receive a timed, influential strong message, a moderate message, or no message (control) via PCMS, then re-evaluated at the second trailer for behavioral outcomes.

Results

Over eight weeks, 20,772 observed CMVs had 3,248 matched as vehicle pairs; 1,370 exhibited an offense. Among these, 934 received a targeted message and 436 served as controls. Effects varied by site but no consistent or statistically significant improvements in driver behavior were observed across the targeted offenses. In some cases, such as speeding, results favored the control group.

Conclusion

While targeted VMS messaging did not result in consistent behavior changes, variation across sites suggests potential for improvement with tailored approaches. Future research should explore optimizing message design and deployment alongside other interventions to improve CMV safety.





Poster Abstracts

Quantitative Methods in Public Health

Title: Characteristics Associated with Sustained Smoking Cessation Among Persons Living with HIV

Authors: Mariyan Moreno Bravo, MPH(c); David Strong, PhD; Maile Young Karris, MD; Mark Myers, PhD; Kimberly Brouwer, PhD

Background

Smoking prevalence remains disproportionately high among persons living with HIV (PLHIV) and is linked to increased morbidity and mortality. While prior research has focused on smoking prevalence and quit attempts, less is known about factors associated with sustained smoking cessation. This study aimed to identify sociodemographic, behavioral, and structural characteristics associated with long-term cessation among PLHIV.

Methods

A cross-sectional, mixed-methods pilot study was conducted in California between 2021 and 2022. For this analysis, only quantitative data were used. Survey data included sociodemographic characteristics, smoking history, mental health, substance use, and healthcare access. Sustained smoking cessation was defined as self-reported abstinence for at least 12 months. Univariate and multivariable logistic regression models were used to examine associations between participant characteristics and sustained smoking cessation, adjusting for relevant covariates.

Results

Overall, 81 (29.6%) participants reported sustained smoking cessation. Stable housing was associated with higher odds of cessation (aOR = 2.79). Living in homes where smoking was allowed was associated with lower odds of cessation compared with smoke-free homes (aOR = 0.25 for smoking allowed in certain areas; aOR = 0.17 for smoking allowed everywhere). Cannabis use (aOR = 0.37) and foregoing healthcare (aOR = 0.40) were also negatively associated with cessation. Older age was associated with greater likelihood of cessation.

Conclusion

Several structural and behavioral factors were associated with sustained smoking cessation among PLHIV. These findings highlight potential considerations for smoking cessation strategies within HIV care settings.





Poster Abstracts

Quantitative Methods in Public Health

Title: Left on the Table: CalFresh Eligibility and Enrollment Among UCSD Undergraduates, 2026

Authors: Victor Lomelli, Briana Robinson, Ishani Shah, Idalia Fernandez, and Nancy Binkin MD, MPH

Background

UC San Diego (UCSD) surveys conducted in 2024-25 revealed undergraduate food insecurity rates 3-4 times higher than the California average. In response, UCSD launched a campus wide campaign to increase awareness and enrollment in CalFresh, California's SNAP program, which provides up to \$293/month in food assistance to eligible students. To assess current levels of food insecurity, CalFresh coverage, and ongoing barriers to enrollment we conducted a university-wide survey in February 2026.

Methods

UCSD undergraduates were invited to complete a Qualtrics questionnaire. Food security was assessed using the USDA 6-item scoring system. Non-international status, receiving Pell or CalA/B grants, and not living with family were used as surrogates for core CalFresh eligibility requirements. Analyses were performed using EpiAnalysis, a custom R ShinyApp.

Results

Of 1,326 undergraduate respondents, 42% were potentially CalFresh eligible; eligible students were 1.8 times more likely to be food insecure than non-eligible students (55% vs. 30%; $p < 0.0001$). Of eligible students, 40% were currently enrolled, 15% previously enrolled, and 45% never enrolled. Among those not currently enrolled, 22% had applied and been denied, and 37% had considered applying but not yet done so. Among those who had not applied, the leading barriers were lack of time (47%), application complexity (43%), and perceived ineligibility (41%).

Conclusion

Food insecurity disproportionately affects CalFresh-eligible UCSD undergraduates, yet only 40% are enrolled. Despite outreach efforts, gaps in CalFresh enrollment persist, including awareness of eligibility and denial of student applications. Further efforts are needed to target further outreach, address application denials, provide application assistance, and streamline enrollment.





Poster Abstracts

Quantitative Methods in Public Health

Title: Sticker Shock: When the UCSD Price Tag Doesn't Meet Expectations, 2026

Authors: Alexia Marmolejo Juarez, Camaryn Rhodes, Alexander Velasco, Le Reh, Suveena Suresh, and Nancy Binkin, MD, MPH

Background

Rising college costs make financial decision-making increasingly critical for undergraduates who rely on financial aid, for whom misaligned expectations may be especially consequential. We examined how financial preparation, aid clarity, and cost expectations influence financial insecurity among UC San Diego (UCSD) aid recipients.

Methods

A cross-sectional online survey was conducted in February 2026 among 1,326 UCSD undergraduates. Among the 742 (58%) receiving financial aid, we examined associations between self-reported pre-enrollment preparation to anticipate and plan for college costs, aid package clarity, and cost expectations and financial insecurity, defined as difficulty meeting basic needs for at least one month during the current academic year. Analyses were conducted using EpiAnalysis, a custom-built ShinyApp.

Results

Overall, 67% of the 742 aid recipients felt prepared to anticipate costs, 83% found their aid letter clear, and 53% reported costs were at or below expectations. Over half (51%) experienced financial insecurity. Students who felt unprepared had higher financial insecurity rates than those who felt prepared (62% v. 40%; $p < 0.001$). Lower aid letter clarity was associated with greater insecurity (61% v. 49%; $p < 0.05$), as was underestimating costs (64% v. 39%; $p < 0.0001$).

Conclusion

Financial insecurity affects half of UCSD's undergraduate aid recipients and is even higher among students who felt unprepared, found their award letter unclear, or underestimated costs. The 40% insecurity rate, even among well-prepared students, suggests that aid levels are inadequate to meet actual costs of attendance. Interventions should combine realistic cost estimates, proactive advising, and clearer award letters with meaningful increases in financial support.





Poster Abstracts

Quantitative Methods in Public Health

Title: Education and Cardiovascular Disease Across Gender

Authors: Sophie Kadifa, MS Biostatistics Student, Abigail Daniel, MS Biostatistics Student, Imani Beckett, MS Biostatistics Student

Background

Cardiovascular disease has been an increasing public health concern, as consistently one of the leading causes of death. Studies have shown that higher education is linked to overall healthier lives and that education provides stronger health effects for females than males. We conducted an analysis to see if there is an association between education and cardiovascular disease, and if the strength of that association differs by gender.

Methods

We analyzed the 2015-2016 National Health and Nutrition Examination Survey (NHANES). NHANES uses a multistage probability design to represent the U.S. civilian, noninstitutionalized populations. The outcome was a binary indicator of cardiovascular disease, defined as a self-reported diagnosis of congestive heart failure, coronary heart disease, angina, or heart attack. To assess an association between education and cardiovascular disease, we fit the data using a survey-weighted multivariable logistic regression model. To evaluate effect modification, we included a second model with an interaction term between education level and gender.

Results

We found a weak, almost statistically significant association that holding gender, age, race, and income constant, college graduates have about 37% lower the odds of cardiovascular disease compared to those who are not high school graduates (OR= 0.639, 95% CI: 0.405-1.008, $p=0.053$). We didn't find any evidence that the association between college education and cardiovascular disease differs between males and females.

Conclusion

More studies should be conducted with larger sample sizes to assess a possible association between education and cardiovascular disease and if the strength differs by gender.





Poster Abstracts

Quantitative Methods in Public Health

Title: Adapting Novel mHealth Depression Screening for FQHC Patients: A Cognitive Interview Study

Authors: Isaac Bouchard, MA, Aaron-John Lee, Cony Mardones Segovia, PhD, Bayman Zada, Kelli Cain, MPH, Suzi Hong, PhD, Borsika Rabin, MPH, PhD, PharmD

Background

Digital innovations have enabled efficient, real-time patient data collection within community settings (McIntosh et al., 2016), yet common health questionnaires are often unresponsive to the experiences of culturally and socioeconomically diverse patients (Wong et al., 2010). Proactive measure adaptation ensures cultural and psychometric appropriateness, promoting representative findings. This study reports cognitive interview findings to improve the cultural relevance and validity of a novel mHealth survey to improve depression screening for Federally Qualified Health Center (FQHC) patients.

Methods

Participants (n=8) individually assessed 128 survey items consisting of mental health, social determinants of health, demographic, and behavioral measures. Participants tested English (n=2), Spanish (n=2), and Arabic (n=2) survey versions based on language preference. A mixed-methods approach was adopted to identify items of concern and suggestions. An item review team engaged in weekly consensus discussions to formulate final edits to the survey instrument based on findings.

Results

A total of 191 concerns were raised: 55 from English-speaking participants, 58 from Spanish-speaking participants, and 78 from Arabic-speaking participants. 60 of the 108 items with concerns were addressed. English-speaking participants focused on addressing response option gaps and trigger warnings, Spanish-speaking participants focused on data privacy and translation suggestions, while Arabic-speaking participants featured reluctance to mental health items and offered suggestions for item organization.

Conclusion

FQHC patients were meaningfully engaged to adapt mHealth survey items, promoting item comprehension and cultural fit while preserving validated questionnaires. Cognitive interviewing is critical to adapting mHealth survey tools for diverse patients prior to deployment within community settings.





Poster Abstracts

Quantitative Methods in Public Health

Title: A Deep learning method for measuring Sedentary Behavior from Wearable Sensors

Authors: Rongjing Jiang, B.S., Weiwei Shi, M.S., Jasmine Morales, B.S., Rong W. Zablocki, Ph.D., Marta M. Jankowska, Ph.D., Jiue-An Yang, Ph.D., and Loki Natarajan, Ph.D.

Background

Sedentary behavior (SB) is a known risk factor for chronic diseases. Accurate classification of SB patterns is critical for quantifying its impact on health.

Methods

We evaluated a convolutional Neural Accelerometer Posture (CHAP) SB prediction method on the iWatch dataset, comprising 148 adults (24-85 years, 50% female, 25% obese [BMI > 30 kg/m²]) who concurrently wore a hip-worn ActiGraph GT3X+ (AG) accelerometers and a person-worn camera (SenseCam). CHAP-based and ground truth SenseCam-based SB metrics (e.g., sedentary time, # of sit-to-stand transitions) were derived and compared. A widely used cutpoint method AG100 was also investigated. Finally, we examined and compared (via bootstrap) associations between BMI and the SB metrics for CHAP, AG100 and SenseCam.

Results

SenseCam-based mean (SD) of sedentary was time was 359.17 (118.52) minutes/day and the # of transitions/day was 15.44 (5.64). Mean absolute error of CHAP-derived SB was 24.03 min/day for sedentary time and 14.51 for transitions/day, whereas AG100 had higher errors of 37.18 min/day and 37.21 transitions/day respectively. Logistic regression models indicated that a greater number of sit-to-stand transitions was associated with lower odds of being obese across all three methods (CHAP, SenseCam, and AG100; all $p < 0.05$).

Conclusion

These results highlight CHAP as a reliable and consistent tool for measuring SB and evaluating associations with obesity.





Poster Abstracts

Quantitative Methods in Public Health

Title: Deep long-read sequencing uncovers subclonal structural variants in LVAD-colonizing *Pseudomonas aeruginosa*.

Authors: Mahshid Fallahpour, Abigail Bosco, Tiffany Luong, Maryam Ahmadi Jeshvaghane, Samuel Modlin, Dwayne Roach, and Faramarz Valafar

Background

Pseudomonas aeruginosa is a Gram-negative opportunistic pathogen frequently associated with multidrug-resistant infections in clinical settings. The rise of antibiotic-resistant strains and their genomic complexity necessitate advanced tools for comprehensive genetic characterization, particularly in the context of resistance to antibiotic and phage therapies.

Methods

Here, we use ultra-deep high-fidelity (HiFi) sequencing to analyze strain NRD619, a multidrug-resistant *P. aeruginosa* isolate that had colonized the driveline of a left ventricular assist device of an 82-year-old male who was identified as a phage therapy candidate. Through HiFi long-read sequencing and bioinformatic analysis, we identified low-frequency subpopulations harboring heterogeneous structural variants (SVs) and investigated their potential phenotypic consequences through functional genomics.

Results

Small variants inducing frameshifts linked to efflux pump overexpression (*mexZ*) and missense mutations linked and reduced carbapenem uptake (*oprD*), and other antibiotic resistance (*ampC* and *mexS*) clarified the genetic basis of drug resistance in NRD619. Ultra-deep long-read sequencing captured five low-frequency subpopulations (allele frequency as low as 0.024%) harboring heterogeneous SV with clinically important phenotypic implications. These comprised a reciprocal heterogeneous 32kb deletion and duplication of a cluster of phage proteins and three multi-kilobase insertions. The three insertions affected genes mediating several bacterial functions including fimbriae and an ABC transporter permease, implicating biofilm formation and colonization of medical devices as differential phenotypes in the minority subpopulation.

Conclusion

This study demonstrated how ultra-deep sequencing can uncover cryptic genetic heterogeneity in bacterial pathogens, offering insights into *P. aeruginosa* subpopulation composition in clinical isolate unobservable by traditional approaches. Future applications could refine our understanding of multidrug resistance, phage susceptibility profiles, and adaptations influencing host colonization with clinical ramifications. These findings spotlight a strategy to study bacterial adaptation dynamics in response to clinical therapies and potentially inform personalized treatment approaches in certain clinical settings.





Poster Abstracts

Quantitative Methods in Public Health

Title: Cumulative and Synergistic Impacts of Social Determinants on U.S. Diabetes Risk

Authors: Michael Ho, Hongjun Chen, Maogong Ma

Background

Social Determinants of Health (SDOH) significantly drive diabetes prevalence, yet their cumulative and interactive effects remain under-quantified. This study aimed to evaluate the independent and multidimensional impacts of material hardships, access barriers, and psychosocial factors on diabetes risk among U.S. adults.

Methods

A cross-sectional analysis was conducted using survey-weighted logistic regression on the 2024 BRFSS data. The outcome was self-reported diabetes status. We estimated odds ratios (OR) adjusting for age, BMI, and race/ethnicity. Predictors from SDOH Module 14 were evaluated using nested hierarchical models: Model A (material needs: food/housing/utility risk), Model B (+ access barriers: medical cost/transportation), and Model C (+ psychosocial factors: loneliness/life dissatisfaction). Design-adjusted Wald tests assessed incremental model improvements.

Results

All SDOH blocks significantly improved model fit. In the fully adjusted model (Model C), diabetes risk was significantly associated with food insecurity (OR 1.45, 95% CI 1.32-1.59), transportation barriers (OR 1.30, 95% CI 1.13-1.48), utility hardship (OR 1.22, 95% CI 1.05-1.41), and loneliness (OR 1.21, 95% CI 1.12-1.30). Furthermore, significant synergistic interactions were identified among material hardships ($p = 0.017$), notably a negative interaction between food insecurity and transportation risk on predicted probability. The final model demonstrated strong predictive performance (AUC = 0.76).

Conclusion

Material, access, and psychosocial determinants independently exacerbate diabetes risk, with food insecurity and transportation barriers exhibiting critical, complex interactions. Effective diabetes prevention requires multidimensional, systemic interventions targeting these interconnected structural inequalities beyond clinical care alone.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Intimate Partner Violence, Food Insecurity, and HIV Incidence Among Women Aged 15-49 Years in Wakiso and Hoima, Uganda: A Population-Based Longitudinal Cohort Study (2018-2023)

Authors: Alex Daama, Shira Goldenberg, Stephen Mugamba, Robert Bulamba, Doreen Tuhebwe, James Nkale Menya, Emmanuel Kyasanku, Joan Nakakande, Fred Nalugoda, Gertrude Nakigozi, Stephen Watya, Susan Kiene, Godfrey Kigozi, and Amanda P Miller

Background

Sub-Saharan Africa accounts for nearly two-thirds of global HIV incidence, with women disproportionately affected. Despite Uganda's progress in HIV prevention, recent community-based estimates of HIV incidence remain scarce. Prior research has largely emphasized individual-level factors, often overlooking interpersonal, community, and structural determinants of HIV incidence. We examined multilevel determinants of HIV incidence among women in two Ugandan districts.

Methods

We analyzed longitudinal data from the Africa Medical and Behavioral Sciences Organization (AMBSO) Population Health Surveillance (APHS) cohort collected between 2018 and 2023. Participants were self-identified women aged 15-49 years who were HIV seronegative at baseline. Person-time was calculated from baseline to follow-up HIV testing to estimate incidence per 100 person-years (PY). Poisson regression models were used to compute incidence rate ratios (IRR) and 95% confidence intervals (CI) for primary exposures: intimate partner violence (IPV) in the past 12 months, district of residence, food insecurity and water insecurity in the past one month.

Results

Among participants (N=3,603), median age was 29 years [IQR 23-37]. Overall, 9.3% experienced IPV, food insecurity (72.2%), water insecurity (9.3%), Wakiso (44.4%) vs Hoima (55.6%). Over 54 seroconversions occurred over 3,608 PY, yielding an incidence rate of 1.50/100 PY, with higher incidence observed in the Hoima district (1.61/100 PY) vs. Wakiso (1.38/100 PY). In separate adjusted models, IPV was significantly and strongly associated with HIV incidence (Adjusted Rate Ratio (ARR)=3.25; 95% CI: 1.10-9.56), as was food insecurity (ARR= 3.43; 95% CI: 1.10-10.67). Both water insecurity and residing in Hoima (vs. Wakiso) were associated with a higher HIV incidence rate, though these associations were null (ARR= 1.56, 95%CI: 0.44-5.46) and (ARR= 1.01; 95% CI: 0.45-2.24), respectively).

Conclusion

Despite declining HIV incidence in Uganda, persistent interpersonal and structural vulnerabilities faced by women, including those related to both gendered violence and food insecurity, may act as critical drivers of new infections amongst women. IPV and food insecurity substantially elevate the risk of HIV among women, underscoring the need for integrated prevention strategies addressing gender-based violence and resource insecurity.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Infant feeding decision-making and experiences among women living with HIV

Authors: Florencia Anunziata, PhD, Jessica Frankeberger, PhD, Karen Deutsch, MPH, FNP, Kelsie Nuno, MSW, LCSW, Mariana Ramos Rivera, MD, Gretchen Bandoli, PhD, Christina Chambers, PhD

Background

U.S. infant feeding guidelines changed in 2023 to support breastfeeding among women with HIV with undetectable viral loads, as the risk of transmission is less than 1%. Little is known about how these women make infant feeding decisions. This study examined factors influencing infant feeding decisions among women with HIV and the perceived risks and benefits of breastfeeding.

Methods

We conducted semi-structured qualitative interviews with women living with HIV recruited from a perinatal HIV clinic. Participants were in the third trimester of pregnancy or up to one year postpartum and receiving antiretroviral therapy. Interviews focused on infant feeding decision-making and experiences with breastfeeding and formula feeding. Data were analyzed using rapid qualitative analysis.

Results

Twelve participants completed interviews (n=2 during pregnancy, n=10 postpartum). Four themes were identified. First, participants described a straightforward decision-making process, expressing strong trust in provider's information regarding benefits of breastmilk/breastfeeding and low risk of HIV transmission. Second, participants described perceived benefits including nutritional and immune advantages, bonding, and strengthened maternal identity. Third, facilitators included lactation consultants, female family support, and regular infant HIV testing. Lastly, those who did not or had no intention of breastfeeding or discontinued early described sleep difficulties, fear of insufficient milk, formula adequacy, fear of HIV transmission, and breast complications/pain. However, fear of HIV transmission did not discourage most participants from breastfeeding when supported with provider information.

Conclusion

Appropriate counseling and supportive clinical and family environments may help women living with HIV weigh the risks and benefits of breastfeeding and feel supported in their decisions.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Discordant Smoking Patterns During Pregnancy and Adverse Infant Outcomes: A Sibling Analysis

Authors: Jessica L. Swartz, DPT, PhD, Rebecca J. Baer, MPH, Gretchen Bandoli, PhD, MPH, MBA

Background

Cigarette smoking during pregnancy (SDP) is associated with adverse infant outcomes, most reliably low birthweight or small for gestational age (SGA). However, maternal and household level factors likely contribute to these results and are difficult to adjust for with conventional statistics. Sibling analyses can control these often unmeasured factors. The objective of this study was to investigate the odds of preterm birth (PTB), neonatal intensive care unit (NICU) admission, and SGA infants among siblings exposed to SDP.

Methods

We utilized data from the Study of Mothers and Infants. We identified mothers with two consecutive live-birth deliveries and linked siblings for comparison. We used standard and conditional logistic regression to estimate adjusted odds ratios (aOR) and 95% confidence intervals (CI). Models were adjusted for preselected demographic and medical variables.

Results

There were 6,429,186 singleton linked live births with 29,340 SDP discordant sibling pairs. In the full sample, SDP was associated with PTB (10.5% vs. 6.8%, aOR 1.38, 95%CI 1.35-1.41), NICU admission (9.6% vs. 5.7%, aOR 1.38, 95%CI 1.35-1.40) and SGA (12.4% vs. 8.5%, aOR 1.54, 95%CI 1.51-1.56). Among discordant sibling pairs, results attenuated but remained elevated: PTB (12.2% vs. 10.3%, aOR 1.16, 95%CI 1.06-1.26), NICU admission (8.1% vs. 6.5%, aOR 1.19, 95%CI 1.09-1.29) and SGA (8.4% vs. 7.0%, aOR 1.23, 95%CI 1.15-1.32).

Conclusion

In a sibling sample, SDP was modestly but significantly associated with PTB, NICU admission, and SGA. Our findings highlight the utility of a sibling analysis in mitigating genetic and household level factors in observational data.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Interpersonal Factors Associated with Breast Cancer Screening in Hispanic/Latina Women

Authors: Vanessa Dávila-Conn, Linda C. Gallo, Frank J. Penedo, Scott Roesch, Daniela Sotres-Álvarez, Christina Cordero, En Cheng, Krista M. Perreira, Amber Pirzada, Martha Daviglus, Humberto Parada Jr.

Background

Compared to non-Hispanic White women, Hispanic/Latina women in the US are more likely to be diagnosed with breast cancer (BC) at later stages, which contributes to disparities in BC outcomes. Interpersonal and sociocultural contexts may impact the utilization of cancer preventive services such as screening, but their roles remain poorly understood. This study assessed whether interpersonal-level sociocultural factors were associated with BC screening among US Hispanic/Latina women.

Methods

This cross-sectional study included 2,414 Hispanic/Latina women aged 40–74 years from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) Sociocultural Ancillary Study (2010–2012). The primary outcome was self-reported guideline-concordant BC screening, as defined by current U.S. Preventive Services Task Force recommendations. Interpersonal sociocultural constructs were assessed using validated scales, including family relations (9-item Family Environment Scale subscales), perceived social support (12-item Interpersonal Support Evaluation List), acculturation (Short Acculturation Scale for Hispanics), and social networks (20-item Social Network Index). We applied hierarchical structural equation models (SEM) to evaluate the associations between latent interpersonal constructs and screening adherence while accounting for the HCHS/SOL weights and complex survey design.

Results

Most women (75%) adhered to BC screening recommendations. A higher-order latent construct representing family relations—indicated by higher family cohesion and lower family conflict—was associated with greater odds of guideline-concordant BC screening (OR: 5.12; 95% CI: 1.4–18.4).

Conclusion

Interpersonal family dynamics may significantly influence BC screening among Hispanic/Latina women. Family-centered approaches may be relevant for efforts aimed at improving engagement in preventive care and addressing cancer disparities in this population.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Sources of sexual and reproductive health information among South African adolescent girls

Authors: Lisa Neumeister, Lochner Marais, Jan Cloete, Jessica M. Sales, Carla Sharp, Molefi Lenka, Kholisa Rani, Jennifer L. Brown

Background

The aim of this study was to qualitatively examine South African adolescent girls' sources and preferences of SRH information. Adolescent girls in South Africa experience an elevated risk of unintended pregnancies and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). Sexual and reproductive health (SRH) interventions would benefit from understanding adolescent girls' awareness of and preferences for sources of SRH information.

Methods

Participants were Sesotho-speaking girls aged 14-17 living in the Free-State Province, South Africa (n=25). Individual semi-structured interviews were conducted to identify which SRH sources adolescents preferred, and what factors led them to develop these preferences. Participants were asked to answer generally rather than personally, speaking for girls their age within their community. Interviews were conducted in Sesotho, transcribed, and translated to English. Key themes were identified using conventional content analysis by two independent coders using NVivo 11, while a third coder resolved any discrepancies.

Results

Findings indicate that schools, community clinics/hospitals, and family members were most identified as sources of SRH information, while media, friends, and other sources were also listed. Clinics were the most preferred for STI and HIV information, while preferences for pregnancy prevention information sources were predominantly split between clinics and schools. Participants' choices were primarily influenced by the perceived quality and quantity of information provided and their trust and comfort with the information source.

Conclusion

These insights are crucial for designing future SRH interventions for adolescent girls in South Africa that align with cultural preferences and address barriers associated with less favored information sources.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Pharmacy Availability and Barriers to Ulipristal Acetate Emergency Contraception in San Diego

Authors: Taylor Lewis BS, Priyanka Ray BS, Rebecca A. Kolodner MD, Sheila K. Mody MD, Karen S. Greiner MD, MPH

Background

Timely access to emergency contraception (EC) is a critical component of reproductive healthcare. Two commonly used medications include levonorgestrel EC (LNG), and ulipristal acetate (UA). UA is more effective than LNG EC among high body mass index (BMI) and up to 5 days after unprotected intercourse. However, UA EC requires a prescription, whereas LNG EC is available over the counter. This project assessed the availability of UA EC at San Diego pharmacies and barriers to stocking these medications.

Methods

A cross-sectional study using standardized telephone calls were conducted to retail and community pharmacies across San Diego. Pharmacies were asked about stocking practices and barriers to stocking UA EC. Responses were analyzed using descriptive statistics.

Results

Of the 129 retail pharmacies surveyed, 82 pharmacies (63.6%) stock LNG EC, 39 pharmacies (30.2%) stock UA EC, five (3.9%) were unsure and 85 (65.9%) do not stock UA EC. Of those 85, twelve (14.1%) reported the medication could not be stocked within 4 days. Barriers included: pharmacy operation constraints (n=4), low perceived demand or high acquisition cost (n=4), supply chain disruption (n=2), and unknown reasons (n=2). Comments from pharmacy staff highlighted additional themes, including vendor backorders, distributor limitations, and reliance on next-day ordering rather than on-site inventory.

Conclusion

Of the pharmacies not currently stocking UA EC, a majority are able to order it. Among pharmacies unable to order the medication, barriers appear primarily operational and economic, rather than regulatory. Addressing these barriers is necessary to increase access to this time-sensitive medication.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Access to Contraceptives and Reproductive Health Confidence

Authors: Kacey Cheung, Charanvenkata Kanchana

Background

College students regularly navigate decisions about contraception, STI prevention, and pregnancy risk. While prior research has examined access barriers and knowledge, less is known about how contraceptive access relates to reproductive health confidence. This study examined the relationship among University of California, San Diego (UCSD) students and hypothesized that greater contraceptive access would be associated with higher reproductive health confidence.

Methods

In 2026, we conducted an anonymous self-reported cross-sectional online Qualtrics survey of 58 UCSD students via convenience sampling. Contraceptive access was measured through perceived cost, availability, knowledge of where to obtain contraceptives, and access to health care resources. Reproductive health confidence was measured on a 1–5 scale assessing confidence related to contraception, STI prevention, pregnancy prevention, and reproductive health services. Data was analyzed using Spearman's rank correlation in SPSS v29.

Results

Confidence in reproductive health was moderate to high, with mean scores ranging from 3.52 to 3.83. Overall reproductive health management and discussing concerns with a healthcare provider had the highest confidence ratings ($\mu = 3.76$), while perceived campus contribution to building confidence was lower ($\mu = 2.72$). Most students reported knowing where to obtain contraceptives, especially off-campus, though affordability was rated less favorably ($\mu = 3.17$). Greater contraceptive access was positively associated with higher reproductive health confidence ($\rho = 0.46$, $p < 0.001$).

Conclusion

Students who experienced fewer barriers to contraceptive access reported greater confidence in managing their reproductive health. These findings may inform campus-based interventions and policies aimed at improving access, awareness, and informed reproductive health decision-making.





Poster Abstracts

Women's Health and Reproductive Justice

Title: Understanding the Relationship Between Menstrual Irregularity and Metabolic Health Outcomes: Insights from NHANES 2017-2020 and 2021-2023

Authors: Nadia Hemmat, MS; Ramona Pérez, PhD

Background

Menstrual irregularity has negative physiological effects that extend beyond the reproductive system. Previous research has found that irregularity can negatively impact women's metabolism and chronic disease risk. However, nationally representative studies linking irregularity to metabolic biomarkers remain limited.

Methods

Cross-sectional data, including reproductive-age women (aged 18-49) from the National Health and Nutrition Examination Survey (NHANES) from 2017-2020 and 2021-2023, were used. Menstrual regularity was self-reported through a survey question; blood samples were collected for assay of biomarkers including triglycerides, HDL, fasting glucose, insulin, and insulin resistance (HOMA-IR). Survey-weighted Poisson regression models estimated prevalence ratios, adjusted for age, race/ethnicity, income, and cycle dates. Interaction terms compared associations before vs. after COVID-19.

Results

Among 12,926,763 participants, approximately 1,179,375 (9.12%) reported irregular menstruation in the past year. Although not statistically significant, bivariate analyses revealed that women with irregular menstruation had slightly lower mean HDL levels than women with regular menstruation (52.6 vs. 55.2, respectively, $p=0.128$). Poisson results showed nonsignificant differences in triglycerides ($p=0.825$), glucose ($p=0.693$), insulin ($p=0.662$), or HOMA-IR ($p=0.409$) by menstrual irregularity. No statistically significant differences were observed in any metabolic parameter before versus after COVID-19.

Conclusion

Menstrual irregularity was not associated with metabolic biomarkers in this nationally representative sample, and this was not significantly influenced by COVID-19. Cross-sectional data may be insufficient to detect population-level associations of menstrual irregularity with metabolic outcomes, underscoring the need for longitudinal research.

