

# From Research to Impact in MCH

Advancing Health Equity Through Mixed-Methods Research on Sexual  
Violence, Substance Use, Pregnancy, and Structural Barriers to Care

**Eunhee Victoria Park, MPH, PhD**

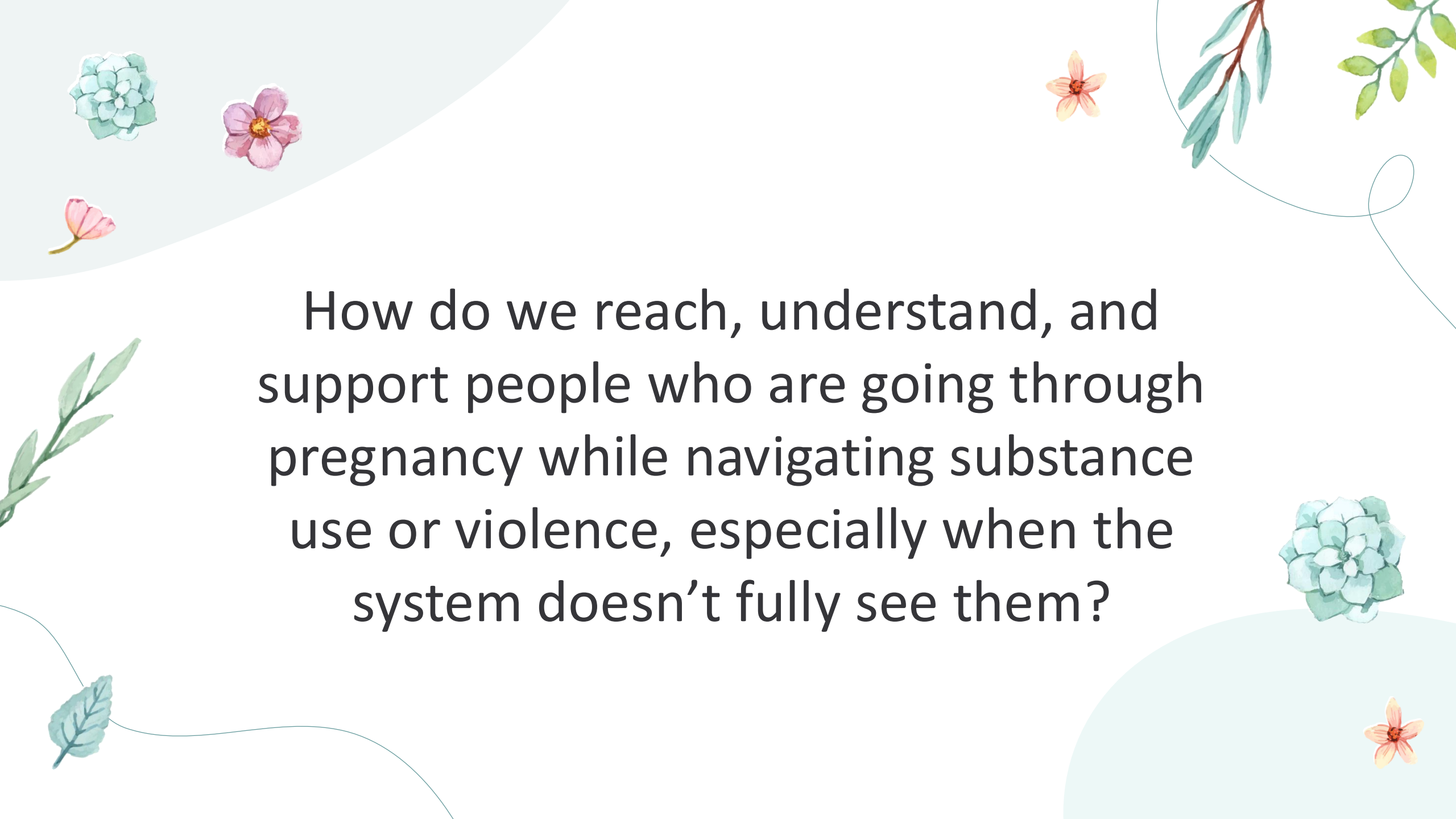
Postdoctoral Scholar

Primary Care Research Training Program (HRSA NRSA T32)

School of Medicine and Health Sciences

The George Washington University

[eunhee.park@gwu.edu](mailto:eunhee.park@gwu.edu)

The slide features several decorative elements: a light blue curved shape in the top-left corner containing a large teal flower, a pink flower, and a pink bud; a small orange flower in the top-right; a branch with green leaves in the top-right; a branch with green leaves in the bottom-left; a large teal flower in the bottom-right; and a small orange flower in the bottom-right. A thin blue line curves around the bottom-right corner.

How do we reach, understand, and support people who are going through pregnancy while navigating substance use or violence, especially when the system doesn't fully see them?

# Who I am?

## Postdoctoral Scholar in the Primary Care Research Training

- HRSA National Research Service Award (2 years)
- Dr. Monica Ruiz (Primary Mentor; Prevention & Community Health)
- Dr. David Broniatowski (Co-Mentor; Engineering)
- Dr. Trudy Mallinson (Supervising Mentor; Clinical Research)



# Paths to Public Health



South Korea  
BA in Political Science &  
International Relations at Sook-  
Myung Women's University, Seoul

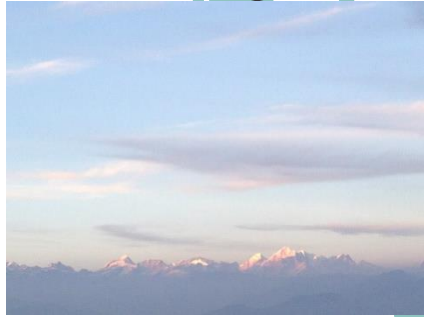


Kenya, Tanzania,  
Rwanda, Uganda  
4-week field trip. Exploring  
Women's leadership in International  
NGOs



Zambia  
6-months internship.  
Humana People to People

# Public Health To Gender Equity



Honolulu, Hawaii  
MPH in Social and Behavioral  
Sciences



UNIVERSITY  
of HAWAII  
MĀNOA



EAST-WEST  
CENTER

Seoul, South Korea



JW LEE Center  
for Global Medicine  
SEOUL NATIONAL UNIVERSITY COLLEGE OF MEDICINE

San Diego &  
Los Angeles



# OUTLINE

2 PM – 2:30 PM

- Introduction
- Research
- Next Steps

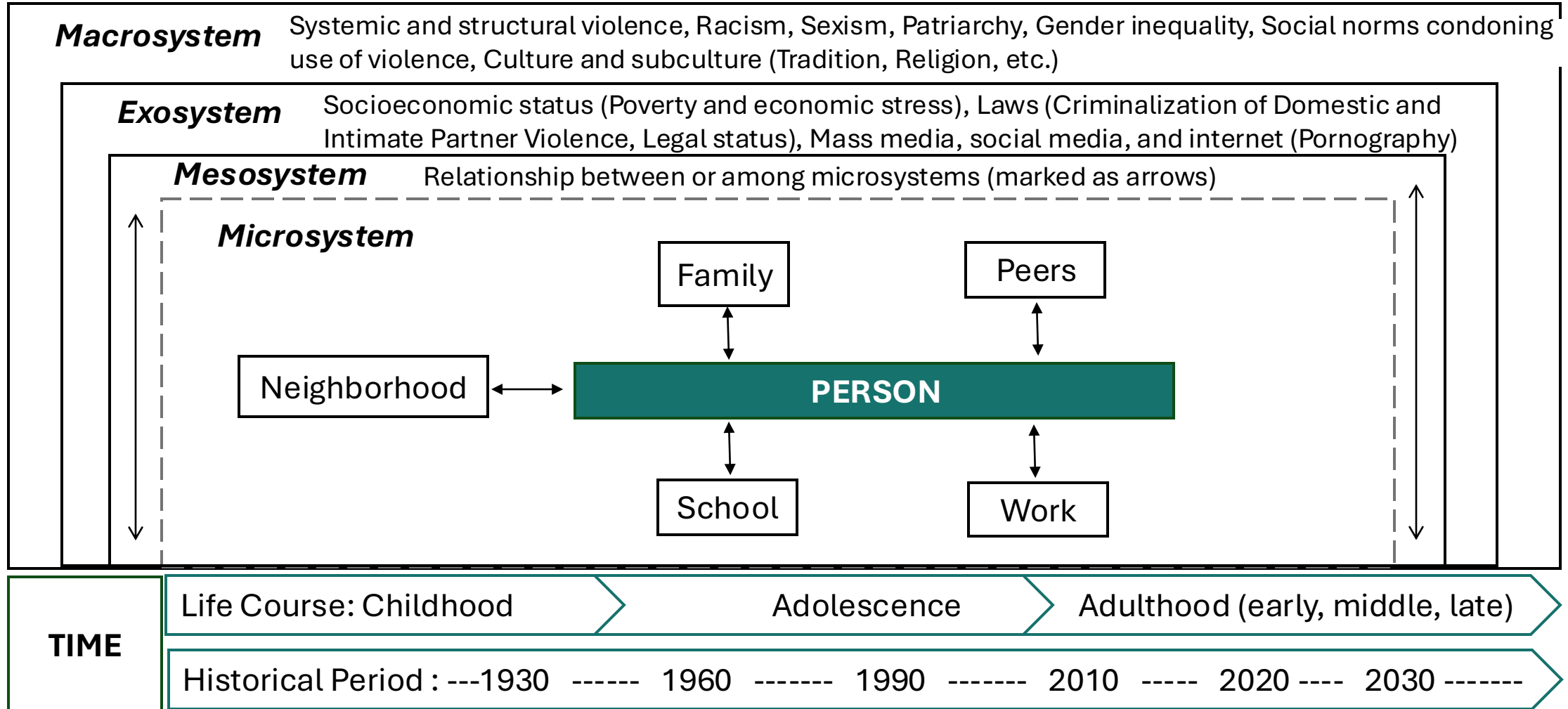
2:30 PM – 3:45 PM

- Q&A

# INTEGRATED APPROACH TO HEALTH EQUITY

Adapted from Process-Person-Context-Time (Bronfenbrenner, 1998) & Life Course Health Development Framework (Halfon & Hochstein, 2002)

## Chronosystem



# GENDER-BASED HEALTH INEQUITIES FOR WOMEN AND GIRLS



*“Beyond biological differences in risk and susceptibility between females and males (as assigned at birth) that may contribute to higher rates of some of the leading diseases and lower rates of survival among women, **underlying structural and social factors drive gender-based health inequities for women and girls** (Langer et al., 2015).”*

Source: National Academies of Sciences, Engineering, and Medicine. *Women’s Empowerment, Population Dynamics, and Socioeconomic Development*. Washington, DC: The National Academies Press; 2024:75.  
doi:10.17226/27955.

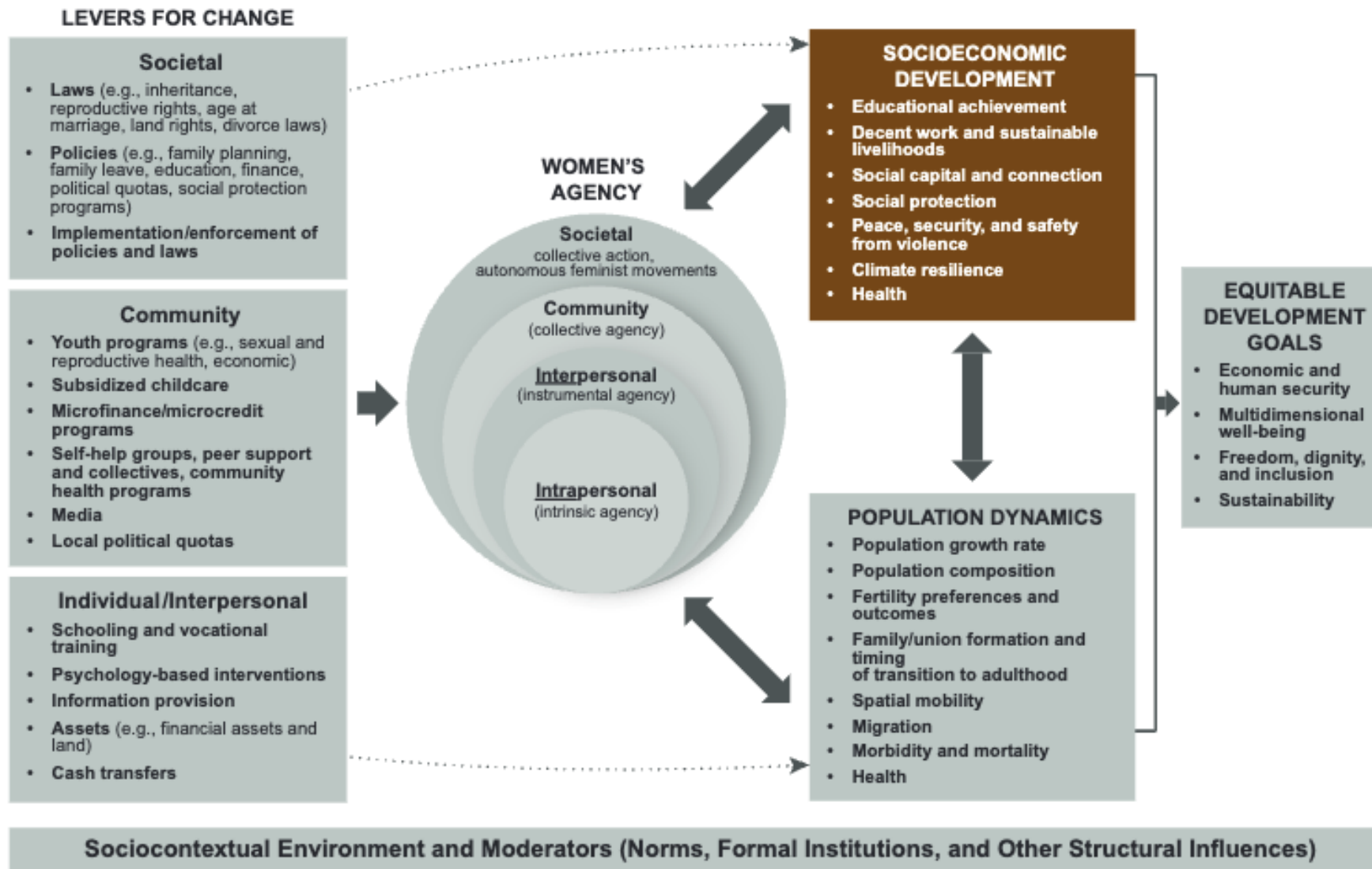
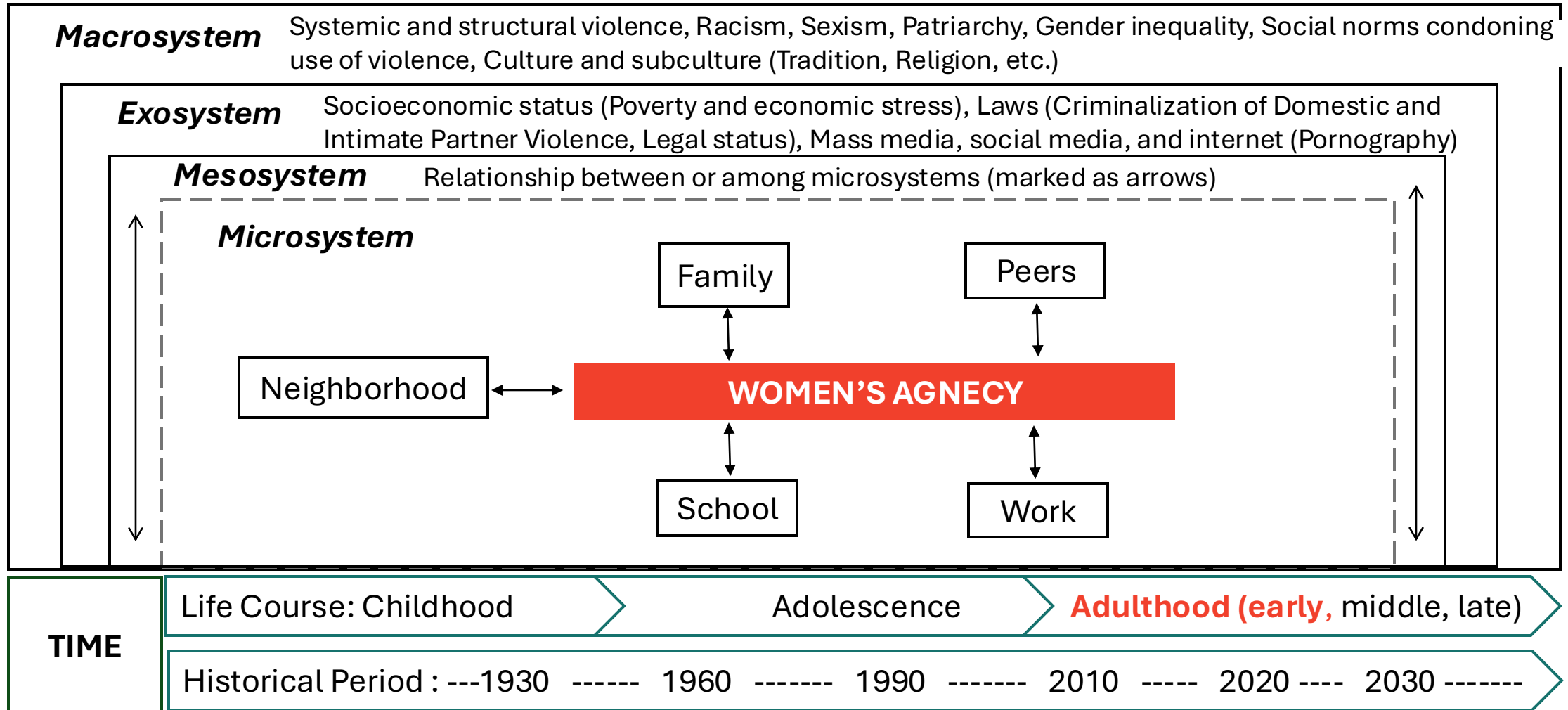


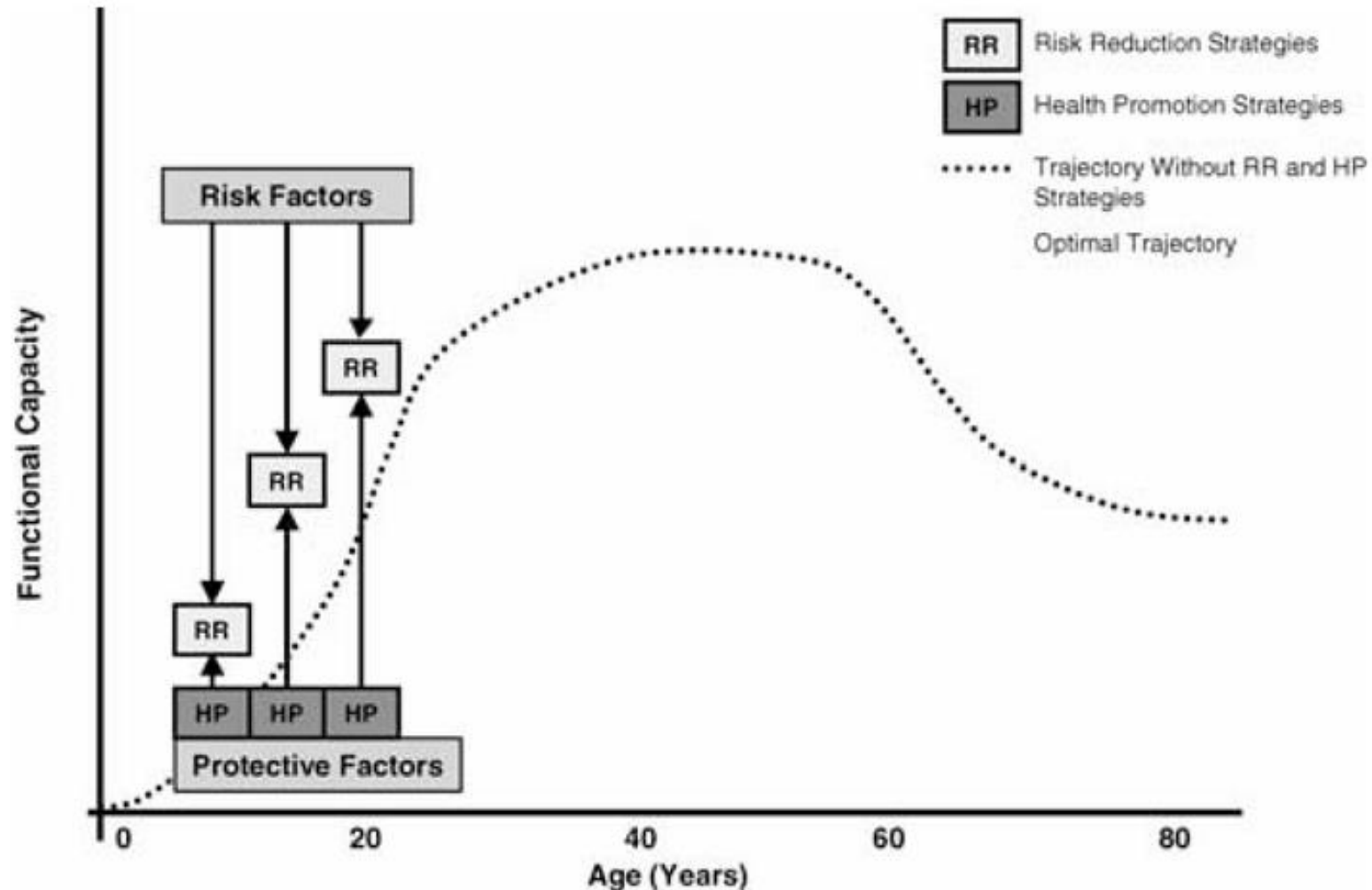
FIGURE 6-1 New conceptual framework of women’s empowerment, population dynamics, and socioeconomic development, highlighting this chapter’s area of emphasis.

# INTEGRATED APPROACH TO HEALTH AND GENDER EQUITY

## Chronosystem



# EMERGING ADULTHOOD AS A KEY STAGE IN THE LIFE COURSE



Source: Halfon, Inkelas, and Hochstein 2000, 455.

# SOCIAL DETERMINANTS OF HEALTH

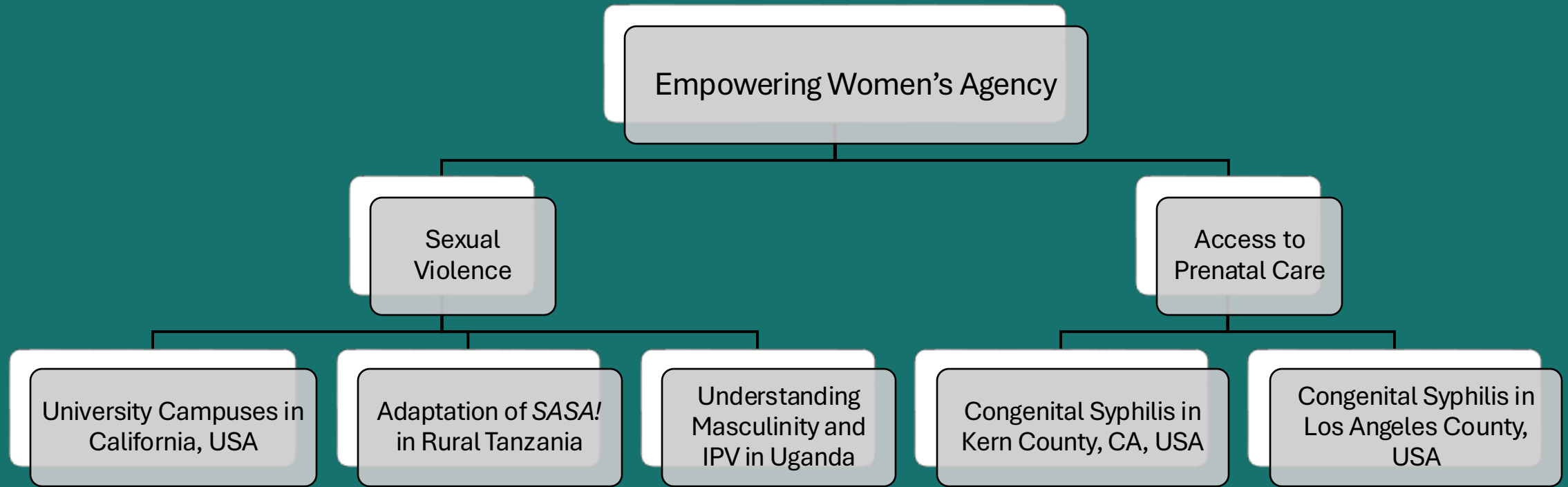


“Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

# PROGRAM OF RESEARCH

Interdisciplinary | Mixed Methods | Community-Engaged | Trauma-Informed

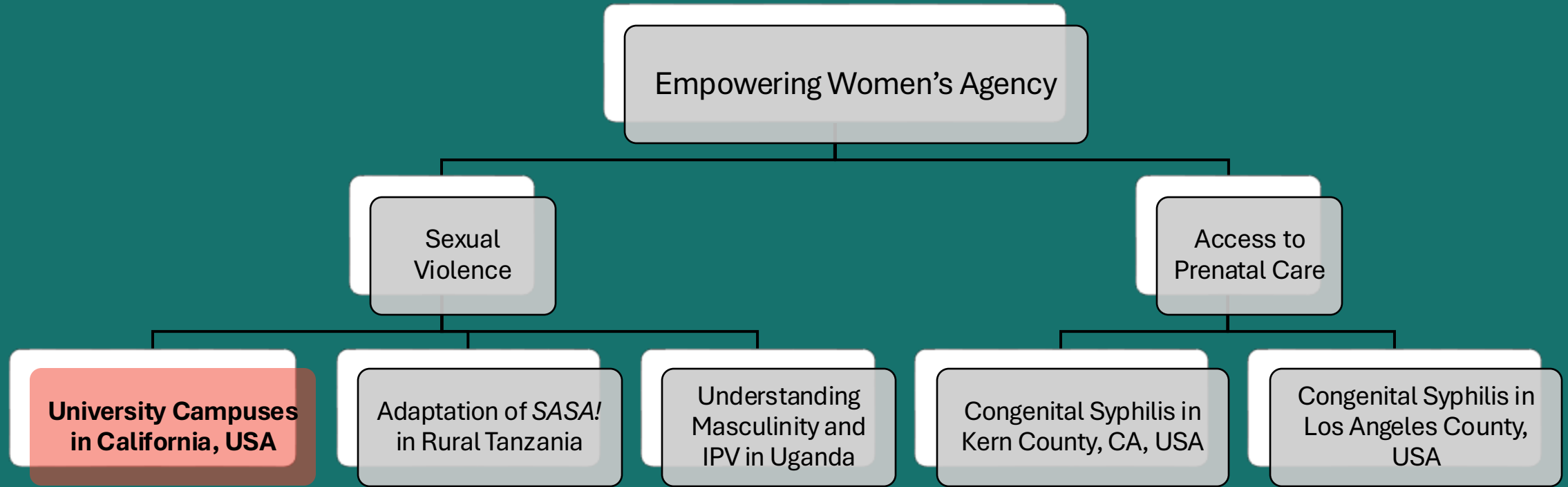
## Social Determinants of Health & Gender Equity



# PROGRAM OF RESEARCH

*Interdisciplinary | Mixed Methods | Community-Engaged | Trauma-Informed*

## Social Determinants of Health & Gender Equity



# UC SPEAKS UP

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JMIR RESEARCH PROTOCOLS

Wagman et al

## Protocol

# Student, Staff, and Faculty Perspectives on Intimate Partner and Sexual Violence on 3 Public University Campuses: Protocol for the UC Speaks Up Study and Preliminary Results

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Jennifer A Wagman<sup>1</sup>, MHS, PhD; Claire Amabile<sup>1</sup>, BA; Stephanie Sumstine<sup>2</sup>, MPH; Eunhee Park<sup>1</sup>, MPH; Sabrina Boyce<sup>3</sup>, MPH; Jay Silverman<sup>3</sup>, PhD; Rebecca Fielding-Miller<sup>4</sup>, MSPH, PhD; Laury Oaks<sup>5</sup>, PhD; Dallas Swendeman<sup>2</sup>, MPH, PhD

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<sup>1</sup>Department of Community Health Sciences, Jonathan and Karin Fielding School of Public Health, University of California Los Angeles, Los Angeles, CA, United States

<sup>2</sup>Department of Psychiatry & Biobehavioral Sciences, Semel Institute, University of California Los Angeles, Los Angeles, CA, United States

<sup>3</sup>Center on Gender Equity and Health, School of Medicine, University of California San Diego, La Jolla, CA, United States

<sup>4</sup>The Herbert Wertheim School of Public Health and Human Longevity Science, University of California San Diego, La Jolla, CA, United States

<sup>5</sup>Department of Feminist Studies, University of California Santa Barbara, Santa Barbara, CA, United States

This research was supported in part by the Centers for Disease Control and Prevention (NUF2CE002403, PI: Jay Silverman and Jennifer Wagman) and the California Department of Public Health (16-10844; PI: Jennifer Wagman).





**GENDERED AND RACIALIZED VIOLENCE AND DISCRIMINATION AGAINST ASIAN WOMEN IN THE U.S.**

# UC SPEAKS UP

Original Research

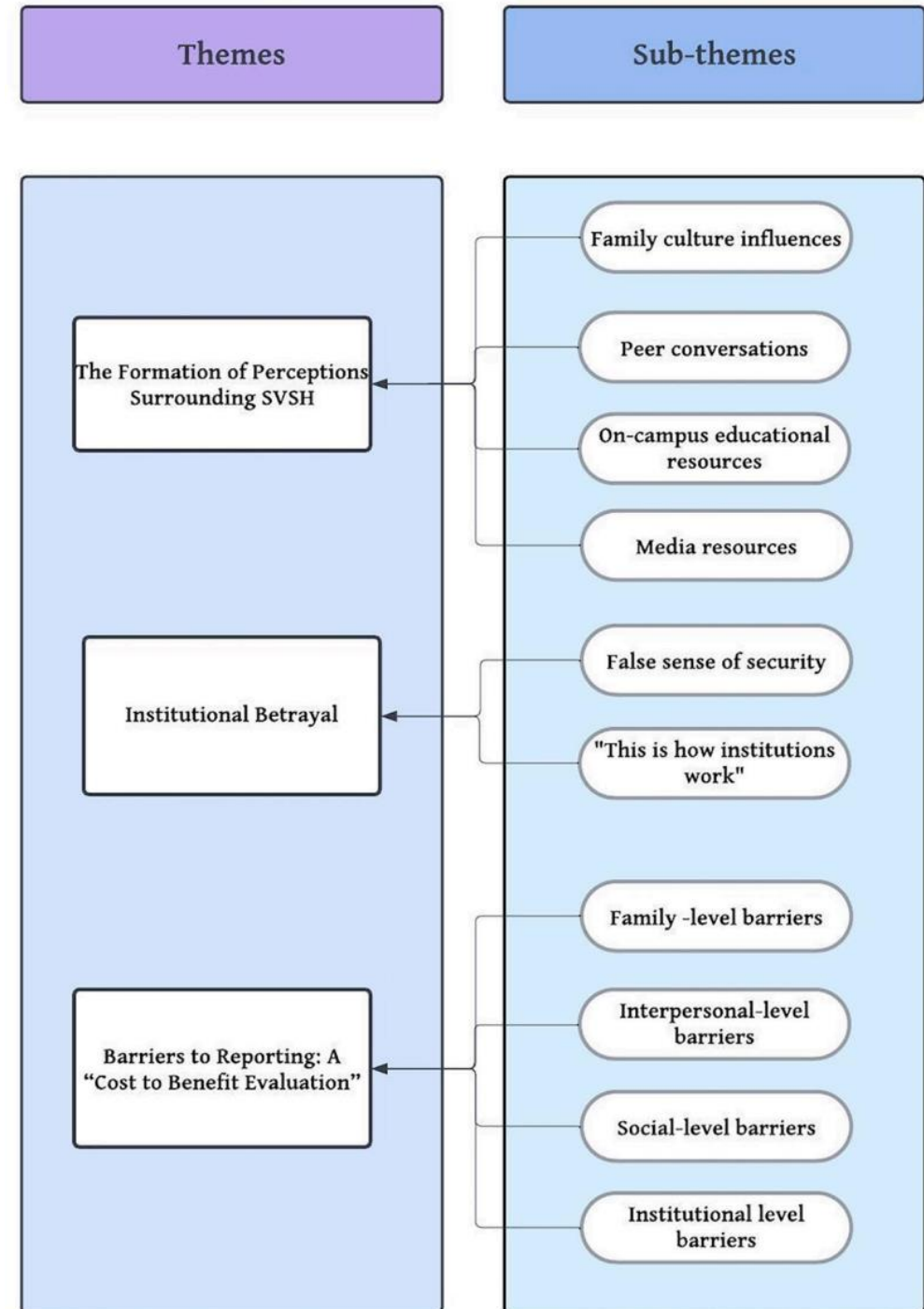
## “They Don’t See Us”: Asian Students’ Perceptions of Sexual Violence and Sexual Harassment on Three California Public University Campuses

Jianchao Lai<sup>1</sup> , Eunhee Park<sup>1</sup> ,  
Claire Jo’Al Amabile<sup>1</sup>, Sabrina C. Boyce<sup>2</sup>,  
Rebecca Fielding-Miller<sup>2</sup>, Dallas Swendeman<sup>1</sup>,  
Laury Oaks<sup>3</sup>, Daphne Marvel<sup>1</sup>,  
Araz Majnoonian<sup>2,4</sup>, Jay Silverman<sup>2</sup>,  
and Jennifer Wagman<sup>1</sup>

Journal of Interpersonal Violence  
2024, Vol. 39(15-16) 3619–3650  
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# DOUBLE JEOPARDY: ASIAN AND PACIFIC ISLANDER COLLEGE STUDENTS' EXPERIENCES OF SEXUAL VIOLENCE & XENOPHOBIA

AIM 1. Describe the characteristics of sexual violence victimization and exposure to discrimination experience among Asian and Pacific Islander (API) students.

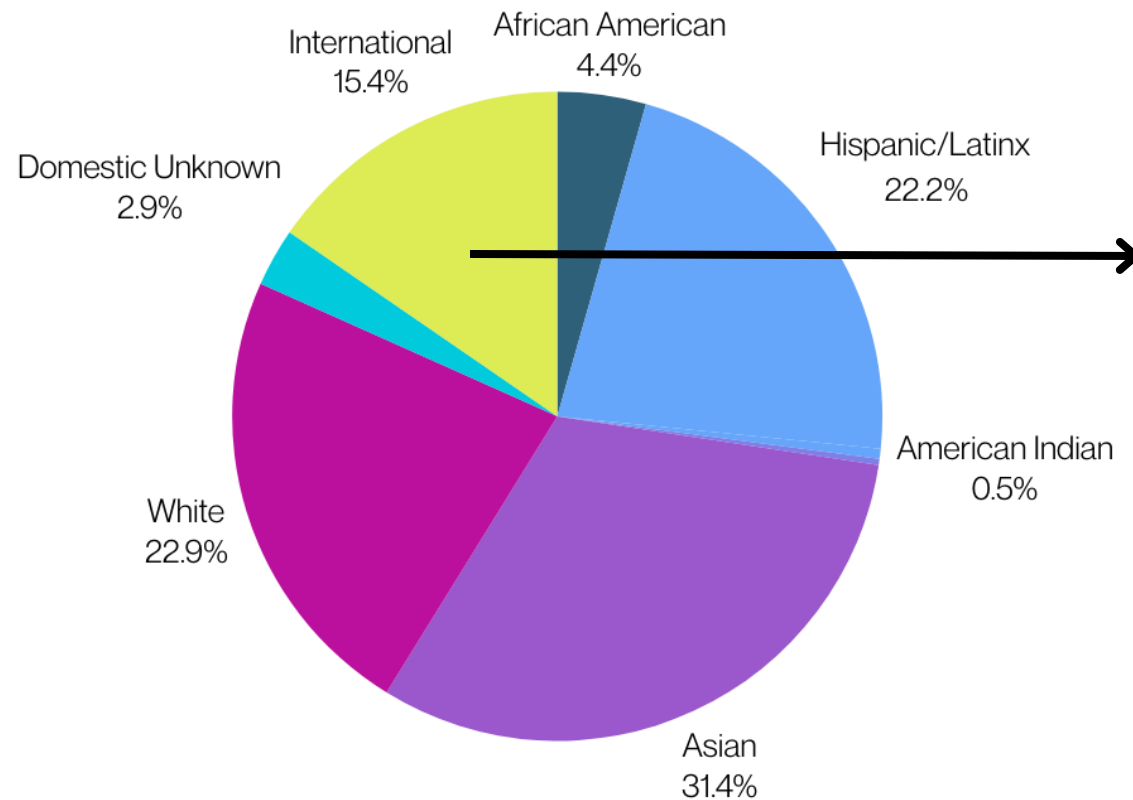
Aim 2. Examine the association between discrimination and mental health among API victim-survivors.

Aim 3. Generate recommendations to design culturally tailored mental health programs for API victim-survivors.

# STUDY SETTING



# RACE AND ETHNICITY OF UC STUDENTS



	Student..	Percent
China	22,837	58%
India	3,698	9%
South Korea	1,885	5%
Taiwan	1,451	4%
Canada	972	2%
Indonesia	580	1%
Japan	571	1%
Iran	421	1%
Mexico	385	1%
Turkey	358	1%

# METHODS

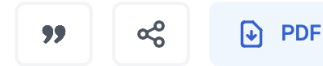
Study protocol

## Double Jeopardy Study Protocol: Mixed-Methods Study to Understand ANHPI College Students at the Intersection of Sexual Violence and Anti-Asian Racism After COVID-19

Eunhee Park, Jianchao Lai, Rhea Gandhi, Jenny Lee, Allison Massey, and 4 more

**This is a preprint; it has not been peer reviewed by a journal.**

<https://doi.org/10.21203/rs.3.rs-5272796/v1>  
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Status: **Under Review**

**BMC** Series  
BMC Public Health

**Version 1**  
posted 05 Nov, 2024

	Editor assigned by journal	17 Oct, 2024
	Submission checks completed at journal	17 Oct, 2024
	First submitted to journal	16 Oct, 2024

- Cross-Sectional Descriptive Study
- Mixed methods study across 10 California University of California (UC) campuses
- Convenience/ snowball sampling
- Compensation \$5 (survey)+ \$50 (interview) + \$50 (transmedia)
- 370 surveys, 53 interview, 23 transmedia projects
- Data collection ongoing
- Preliminary statistical analysis using STATA

# PARTICIPANT DEMOGRAPHICS (N=370)

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		<b>N</b>	<b>%</b>
<b>Race<sup>†</sup></b>	Asian	367	99.19
	NHPI	4	1.08
<b>Ethnicity<sup>†</sup></b>	Chinese	153	41.35
	Korean	51	13.78
	Indian	45	12.16
	Vietnamese	39	10.54
	Japanese	34	9.19
	Filipino	25	6.76

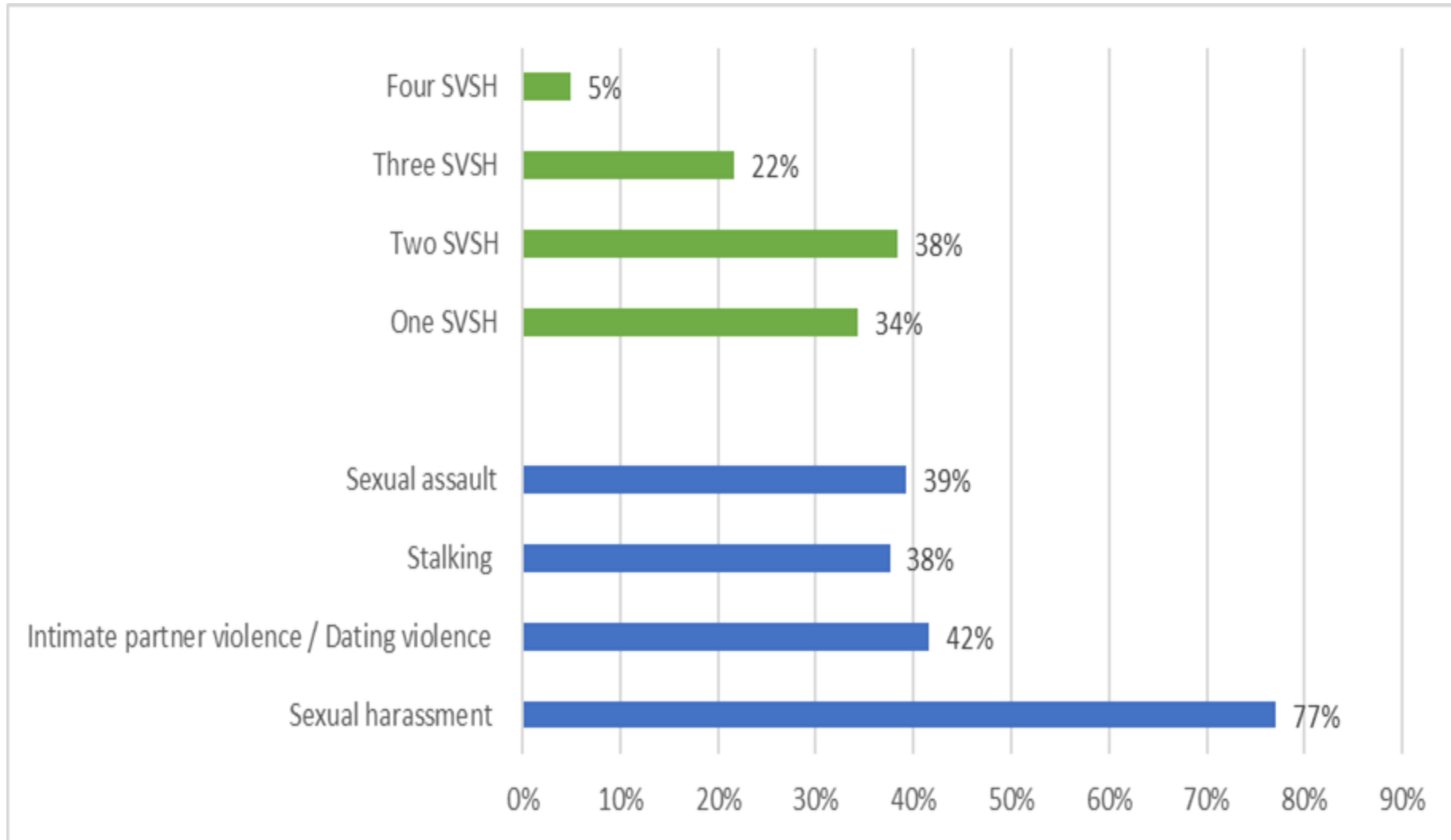
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Note: †Multiple Choice

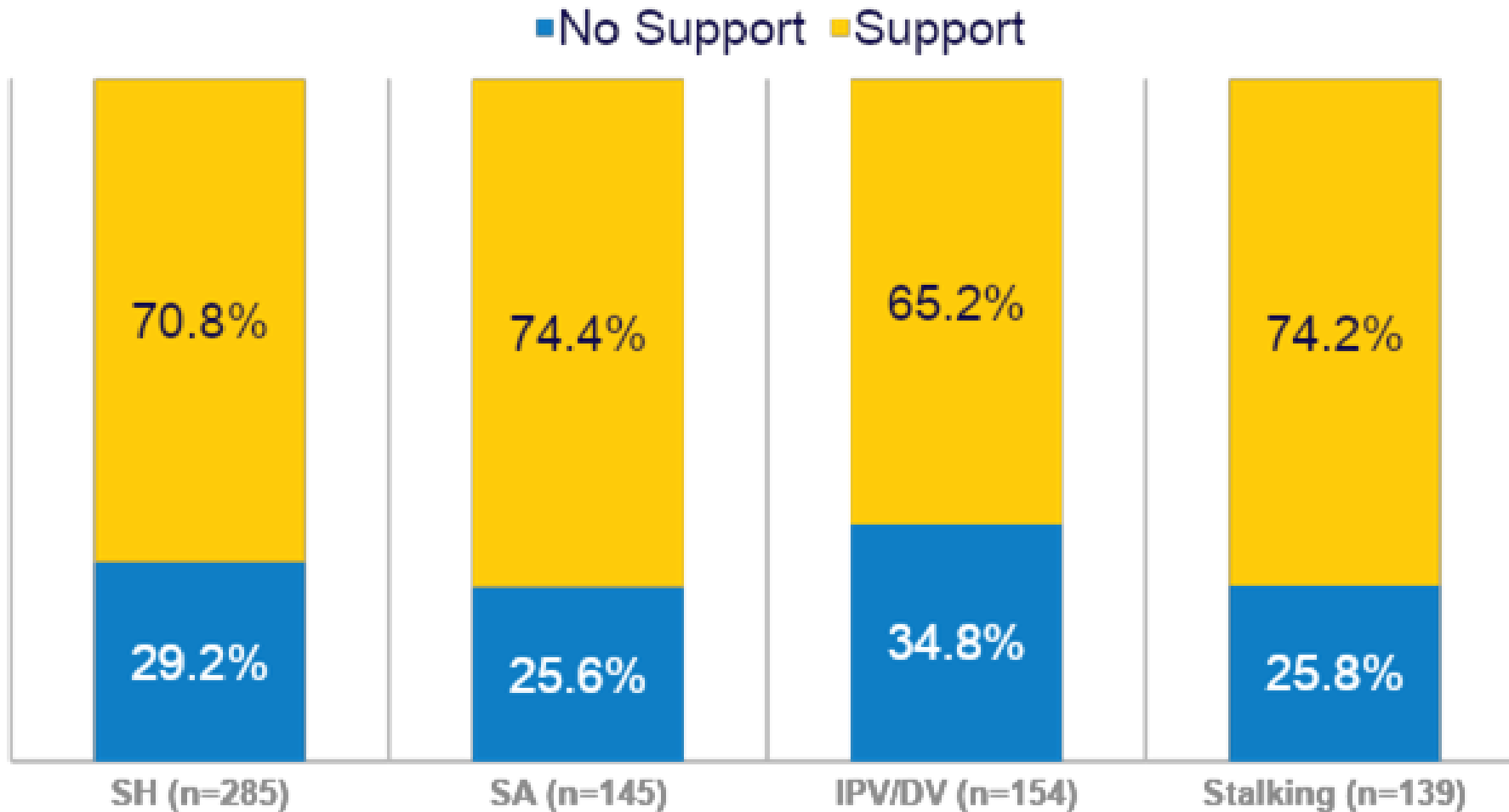
## PARTICIPANT DEMOGRAPHICS (CONTINUED)

		N	%
<b>Domestic/International</b>	Domestic student	227	61.35
	International student	143	38.65
<b>Campus</b>	UC Los Angeles	119	32.16
	UC Berkeley	47	12.70
	UC Santa Barbara	33	8.92
	UC San Diego	30	8.11
	UC Irvine	29	7.84
	UC Riverside	29	7.84
	UC Davis	28	7.57
	UC San Francisco	26	7.03
	UC Santa Cruz	18	4.86
	UC Merced	11	2.97

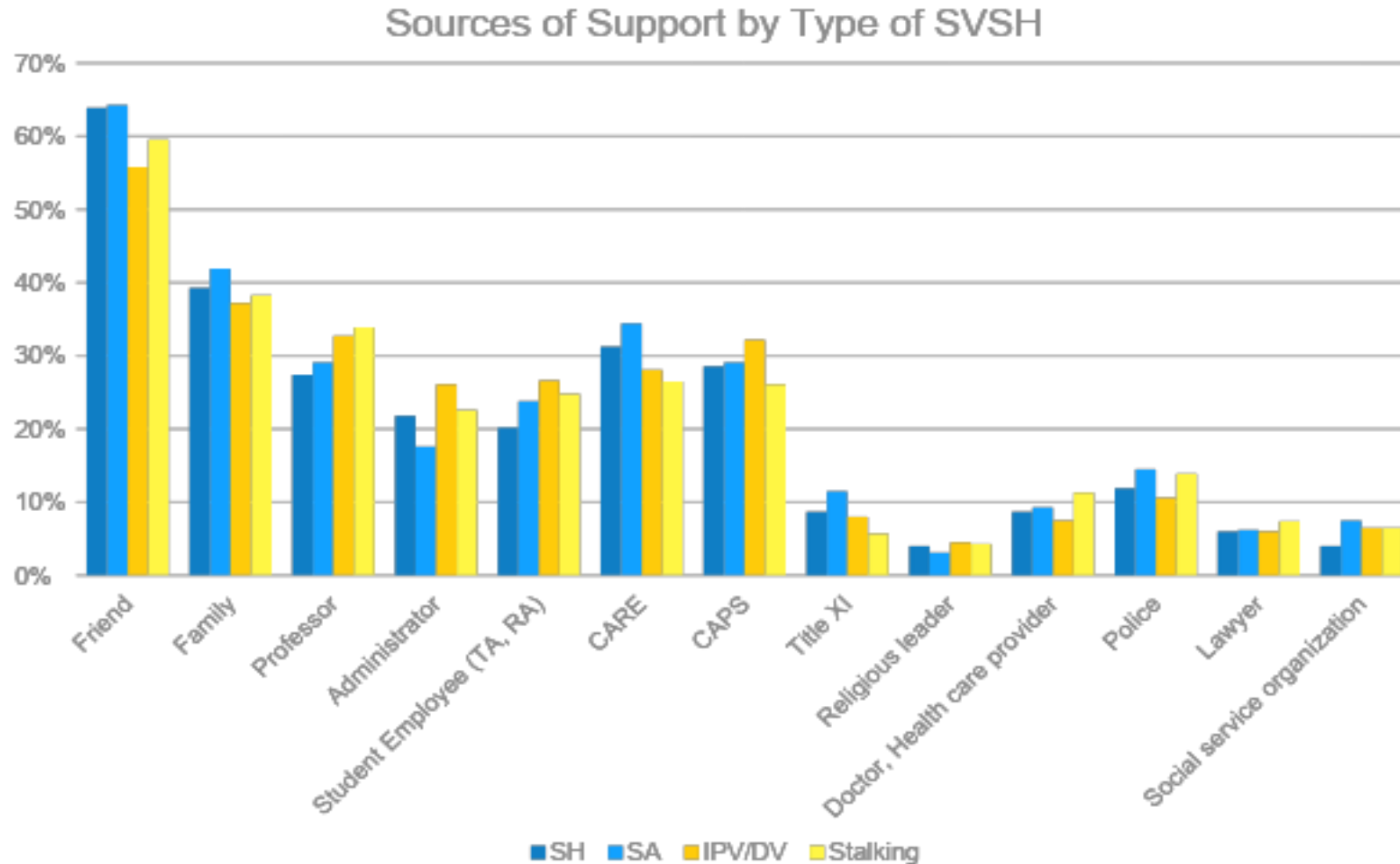
# EXPOSURE TO SEXUAL VIOLENCE AND SEXUAL HARASSMENT (SV) SINCE ATTENDING UNIVERSITY



# SUPPORT SEEKING



# SOURCES OF SUPPORT



# MEASURES FOR DISCRIMINATION

## **Racial and Ethnic Microaggression Scale (REMS)<sup>1</sup>**

Component 1: Assumptions of interiority (16 Qs)

Component 2: Second-class citizen (18 Qs)

Component 3: Microinvalidation (18 Qs)

Component 4: Exoticization (16 Qs)

Component 5: Environmental microaggression (14 Qs)

Component 6: School microaggression (10 Qs)

## **Gendered Racial Microaggressions Scale for Asian American Women (GRMSAAW)<sup>2</sup>**

Component 1: Ascription of Submissiveness (9 Qs)

Component 2: Assumption of Universal Appearance (4 Qs)

Component 3: Asian Fetishism (5 Qs)

Component 4: Media Invalidity (4Qs)

1. Nadal, K. L. (2011). The Racial and Ethnic Microaggressions Scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology*, 58(4), 470–480. <https://doi.org/10.1037/a0025193>

2. Keum, B. T., Brady, J. L., Sharma, R., Lu, Y., Kim, Y. H., & Thai, C. J. (2018). Gendered racial microaggressions scale for asian american women: Development and initial validation. *Journal of Counseling Psychology*, 65(5), 571-585. <http://dx.doi.org/10.1037/cou0000305>

# TYPES OF DISCRIMINATION

	<b>Variable</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Min</b>	<b>Max</b>
1	Exoticization or assumptions of similarity	1.65	0.64	0	3
2	Environmental microaggressions	1.56	0.48	0	3
3	Microinvalidation	1.37	0.67	0	3
4	Media Invalidation	1.26	0.74	0	3
5	Assumption of inferiority	1.21	0.74	0	3
6	Workplace and school microaggressions	1.16	0.82	0	3
7	Assumption of Universal appearance	1.16	0.82	0	3
8	Asian Fetishism	1.11	0.61	0	3
9	Ascribed Submissiveness	0.95	0.76	0	2.8

# INSTITUTIONAL BETRAYAL AND SUPPORT\*

	Yes (%)
1. Create an environment where this type of experience was recognized as a problem?	57.80
2. Believing your report?	56.70
3. Allowing you to have a say in how your report was handled?	55.70
4. Actively supporting you [the person]* with either formal or informal resources (e.g., counseling, academic services, meetings or phone calls)?	55.60
5. Meeting your needs for support and accommodations	55.50
6. Create an environment where this type of experience was safe to discuss?	55.00
7. Ensuring you were treated as an important member of the institution?	54.90
8. Creating an environment in which this type of experience/s seemed common or normal?	51.90
9. Responding inadequately to the experience/s, if reported?	51.70

\*Smith, Carly Parnitzke, and Jennifer J. Freyd. "Institutional betrayal." *American Psychologist* 69.6 (2014): 575.

# INSTITUTIONAL BETRAYAL AND SUPPORT

---

	<b>Yes (%)</b>
10. Suggesting your experience/s might affect the reputation of the institution?	42.50
11. Creating an environment where staying at [INSTITUTION] was difficult for you?	42.10
12. Denying your experience/s in some way?	41.30
13. Creating an environment in which you felt discriminated against based on your race?	39.80
14. Responding differently to your experience/s based on your sexual orientation?	38.10
15. Creating an environment where you no longer felt like a valued member of the institution?	38.00
16. Covering up the experience/s?	37.70
17. Punishing you in some way for reporting the experience/s (e.g., loss of privileges or status)?	37.70

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# INSTITUTIONAL BETRAYAL AND SUPPORT

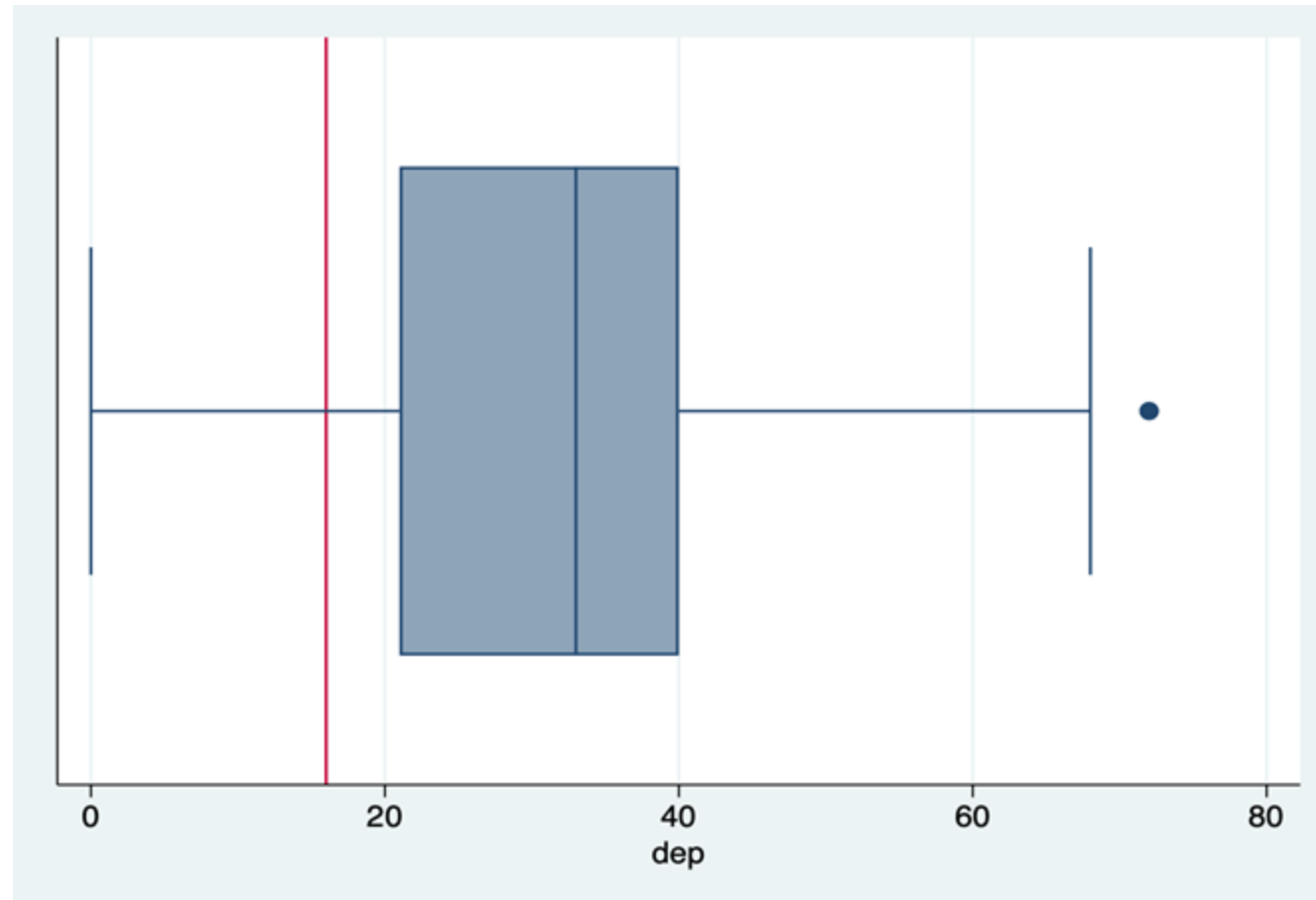
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	<b>Yes (%)</b>
18. Mishandling your case, if disciplinary action was requested?	37.40
19. Responding differently to your experience/s based on your race?	37.40
20. Creating an environment in which you felt discriminated against based on your sexual orientation?	36.00
21. Expressing a biased or negative attitude toward you and/or your experience/s based on your sexual orientation?	34.80
22. Expressing a biased or negative attitude toward you and/or your experience/s based on your race?	32.20

---

# DEPRESSION (CESD-R)

The CES-D provides cutoff scores (e.g., 16 or greater) that aid in identifying individuals at risk for clinical depression.



# ASSOCIATION BETWEEN DISCRIMINATION AND DEPRESSION

Depression (CESD-R)	Coefficient	Standard Error	P-value	R-squared
Assumptions of inferiority	-1.191	.456	0.414	0.2344
<b>Second-class citizen***</b>	4.545	1.560	0.004	
<b>Microinvalidation***</b>	6.525	1.357	0.000	
Exoticization	1.058	1.232	0.391	
<b>Environmental microaggression***</b>	-.007	1.395	0.000	
School microaggression	.545	1.354	2.737	
Constant	15.792	2.815	0.000	

# ASSOCIATION BETWEEN DISCRIMINATION AND ANXIETY

Anxiety (GAD-7)	Coefficient	Standard Error	P-value	R-squared
<b>Assumptions of inferiority***</b>	.845	.316	0.008	0.2288
<b>Second-class citizen***</b>	1.902	.339	0.000	
Microinvalidation	.0376	.295	0.899	
Exoticization	.418	.268	0.119	
Environmental microaggression	.204	.303	0.501	
<b>School microaggression***</b>	.683	.294	0.021	
Constant	4.431	.612	0.000	

# QUALITATIVE DATA ANALYSIS



## SAMPLE

53 Interviews  
Conducted



## INTERVIEW LENGTH

45~120 mins



## ANALYSIS

Grounded-theory  
guided thematic  
analysis / 16  
Interviews coded  
line-by-line to  
generate a base  
codebook



## CODING SCHEMA

16 themes and 95  
sub-codes

# MAIN THEMES

1	2	3	4	5
Asian/ Family Culture	Stereotypes/ Microaggression	Healing mechanism	Barriers to services	Impact of COVID-19

# REASONS FOR NOT SEEKING SUPPORT

**Difficulty in finding people to talk to or trust to share SVSH victimization**

**Fear of letting family know**

**Negative perception of the existing services (e.g., Title IX, Police)**

**Not knowing the availability of the resources**

**Didn't think their situation warranted reporting**

**Fear of re-living the event (“things can get out of control”)**



*“It came to me from a very early age, almost in my teenage years, where I was told or I was punished by my mom if I wear a certain kind of clothes, stand or sit too close to men, or even discuss questions about my body parts, which I genuinely did not know and wanted to have that kind of knowledge, but the **stigma of sexuality** is so heavy that the **social pressure** really push me to a corner that I feel that I might be one of the few that do not belong to the culture.”*

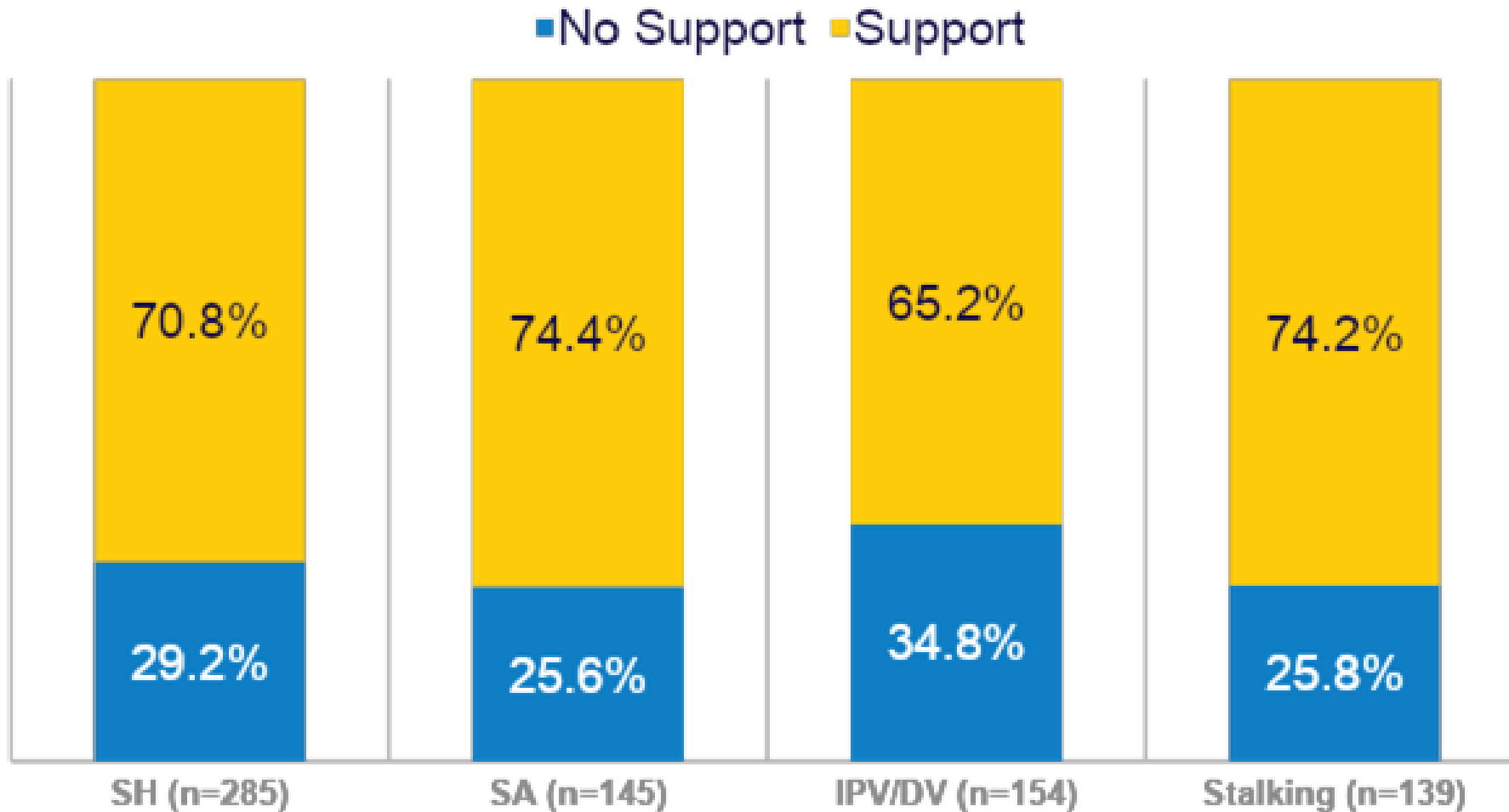
*“It was hard to just get resources if you want to say it anonymously, because a lot of counselors here have to report to **Title IX** or whatever. They have to report through Title IX... and then they have to make like a big deal when I wanted to make it a low key. So, at the end of the day, I didn't end up reaching out to the university resources.”*





*“I didn't want to confront him, I didn't want to say anything because like I didn't want to make it a big deal, like, like I said, I feel like it's normalized for guys to do that like, and I'm not sure if what I'm experiencing is being in a big enough to actually confront someone about.”*

# SUPPORT SEEKING




# STUDENT-GENERATED SOLUTIONS

Original Research Article

## Opening the “Black Box”: Student-Generated Solutions to Improve Sexual Violence Response and Prevention Efforts for Undergraduates on College Campuses

Brittnie E. Bloom<sup>1,2,3,4</sup> , Eunhee Park<sup>2,5</sup>, Dallas Swendeman<sup>2,6</sup>, Laury Oaks<sup>2,7</sup>, Stephanie Sumstine<sup>2,6</sup>, Claire Amabile<sup>2,6</sup>, Stoddy Carey<sup>5</sup>, and Jennifer A. Wagman<sup>2,5</sup>

Violence Against Women  
2022, Vol. 28(14) 3554–3587  
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DOI: 10.1177/10778012211068063  
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**Table 2.** Summary of Student-Generated Solutions Organized Socioecological Model (SEM) Levels.

SEM level	Suggested solutions
<b>Policy</b>	<p>Saturation</p> <ul style="list-style-type: none"> <li>• Ensure sexual violence and sexual harassment (SVSH) resources and reporting information are provided in commonly utilized campus materials (e.g., student ID card, syllabi)</li> <li>• Multiple exposures to SVSH education (outside of online trainings and orientation) in small group or breakout session format</li> </ul> <p>Course credit</p> <ul style="list-style-type: none"> <li>• Provide SVSH education through 1-unit seminar or require SVSH course as graduation requirement</li> </ul> <p>Perpetrator services</p> <ul style="list-style-type: none"> <li>• Increase accountability for perpetrators of SVSH and follow-up programs, trainings, or therapy to provide opportunities to change violent perceptions or behavior</li> </ul> <p>Reporting</p> <ul style="list-style-type: none"> <li>• Alterations to reporting processes (e.g., Title IX) to be more survivor-centered and provide additional protections for survivors</li> </ul>
<b>Campus infrastructure</b>	<p>Funding</p> <ul style="list-style-type: none"> <li>• Prioritize funding for SVSH campus resources, personnel, outreach</li> <li>• Additional personnel for SVSH and related mental health and wellness services (e.g., Counseling and Psychological Services [CAPS] and Campus Advocacy Resource and Education [CARE] services)</li> </ul> <p>Safety</p> <ul style="list-style-type: none"> <li>• Creation of designated, physical safe spaces, specifically for survivors of SVSH</li> <li>• Better lighting on campuses</li> <li>• Additional installations of blue-light emergency stations</li> </ul>
<b>Campus Services on Prevention and Education</b>	<p>Awareness raising/outreach</p> <ul style="list-style-type: none"> <li>• Additional visibility and marketing campaigns throughout the academic year (e.g., social media, posting flyers, and/or banners)</li> <li>• Tailored outreach and education services to specific student populations (e.g., first-year students, students of color, lesbian, gay, bisexual, transgender, queer, questioning [LGBTQ + ] students)</li> <li>• Opportunities to hear from survivors directly</li> </ul>
<b>Table 2.</b> (Continued)	
<b>Interpersonal</b>	<p>Skill-based education</p> <ul style="list-style-type: none"> <li>• Practical skill-based workshops and additional education opportunities</li> </ul> <p>Relationship focused</p> <ul style="list-style-type: none"> <li>• Focus on interpersonal relationships (i.e., friendships, relationships, membership to specific student groups)</li> </ul> <p>Peer accountability</p> <ul style="list-style-type: none"> <li>• Peer-to-peer accountability (e.g., toxic masculinity, athletics, Greek system)</li> </ul> <p>Peer sensitivity</p> <ul style="list-style-type: none"> <li>• Sensitivity training for when/if a survivor reaches out for support</li> </ul> <p>Campus climate change</p> <ul style="list-style-type: none"> <li>• Overhauling campus climate and cultural norms surrounding SVSH</li> </ul>
<b>Individual</b>	<p>Skill-based education</p> <ul style="list-style-type: none"> <li>• Provide practical skill-based workshops and additional educational opportunities</li> </ul> <p>Communication</p> <ul style="list-style-type: none"> <li>• Skill-building in communication and confrontation (e.g., case studies and dialogues)</li> </ul> <p>Practical</p> <ul style="list-style-type: none"> <li>• Real-life meaning of consent, healthy relationships, dating violence, sexual harassment, sexual assault, stalking defined by students' own terms</li> </ul> <p>Bystanders</p> <ul style="list-style-type: none"> <li>• Bystander intervention programming</li> </ul> <p>Self-defense</p> <ul style="list-style-type: none"> <li>• Self-defense classes for evading and resisting assault</li> </ul>

# IMPLICATIONS

## Culturally Tailored Support Services

Culturally-specific mental health and SVSH services  
Peer support programs

## Improving Reporting Mechanisms

Expand survivor-centered services  
More funding for confidential services  
Establish anonymous reporting options

## Education and Training

Introduce bystander intervention and cultural competency  
Train campus counselors and staff

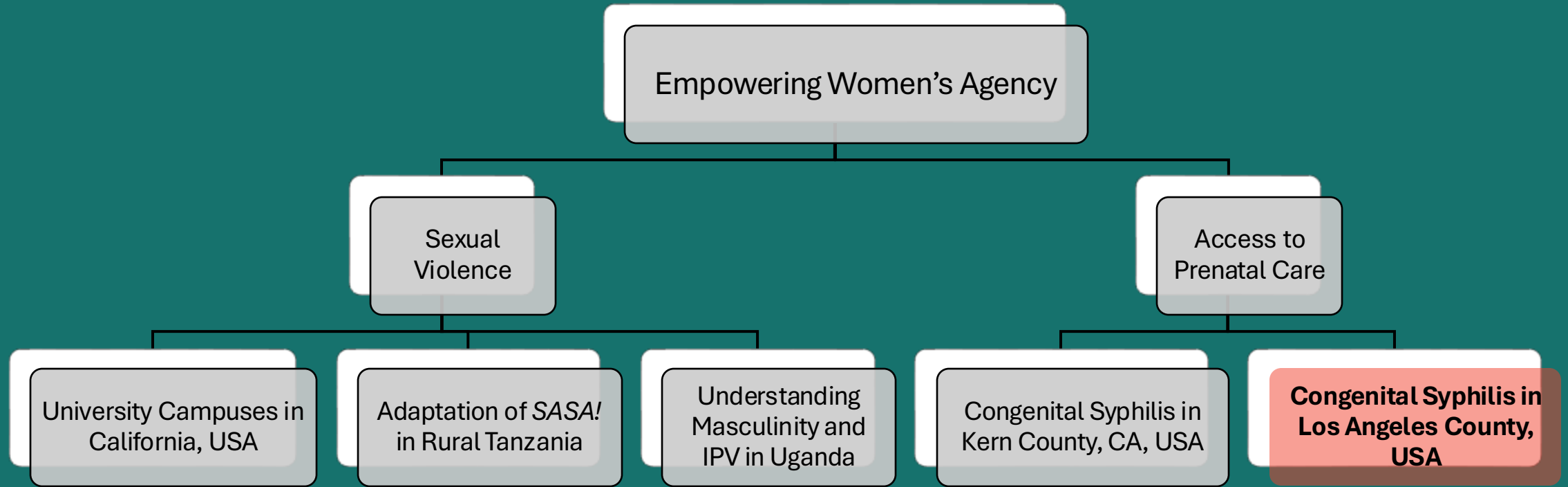
## Community Engagement and Outreach

Engage with API student organizations  
Collaborate with community leaders  
Foster partnerships with API community

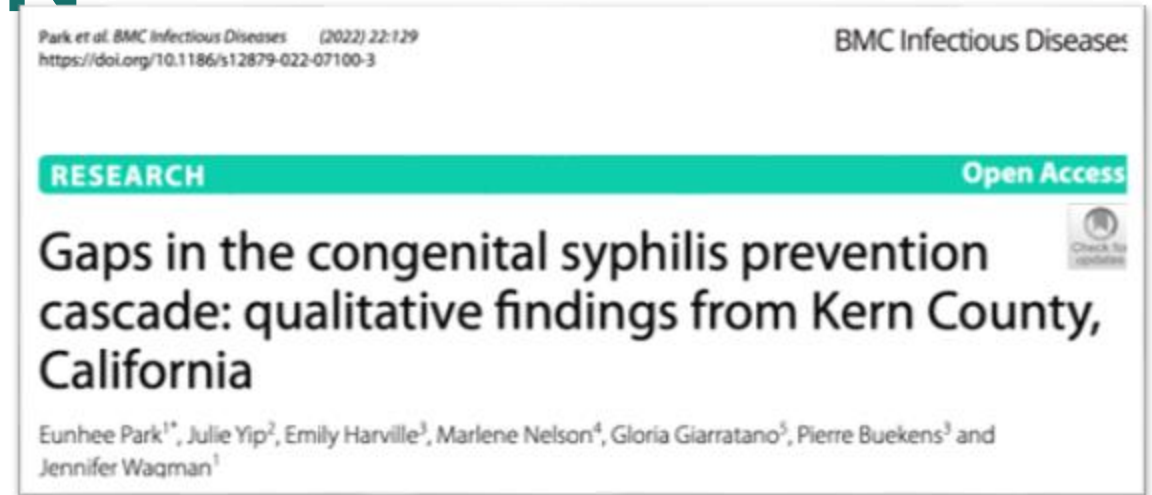
# PROGRAM OF RESEARCH

Interdisciplinary | Mixed Methods | Community-Engaged | Trauma-Informed

## Social Determinants of Health & Gender Equity



# STRUCTURAL BARRIERS TO ACCESSING CARE AMONG WOMEN



- Poverty
- Housing Instability
- Limited access to transportation
- ***Stigma***
- Citizenship status
- ***Gender inequality***
- Decay in public health infrastructure

# STIGMA & FEAR AS STRUCTURAL BARRIERS

*“[Women] are afraid to go and seek medical attention because they are on drugs or because there might be abuse going on and they’re scared because [doctors] are mandated reporters. There are a lot of girls that don’t go because they are afraid to have their child taken from them”*

- A postpartum participant, transitional living community in Kern County, CA

# INTIMATE PARTNER VIOLENCE & GENDER INEQUALITY AS STRUCTURAL BARRIERS

*“I would see her frequently. The person that was **controlling** **her** would let her go to the particular place that I was at or her father’s home, and that was it. And she had an hour to be back or he’d come looking for her. And you try the best that you can. We got her linked up to some services for a while, and for whatever reason because she was pregnant with his kid, she ended up back in that situation again”*

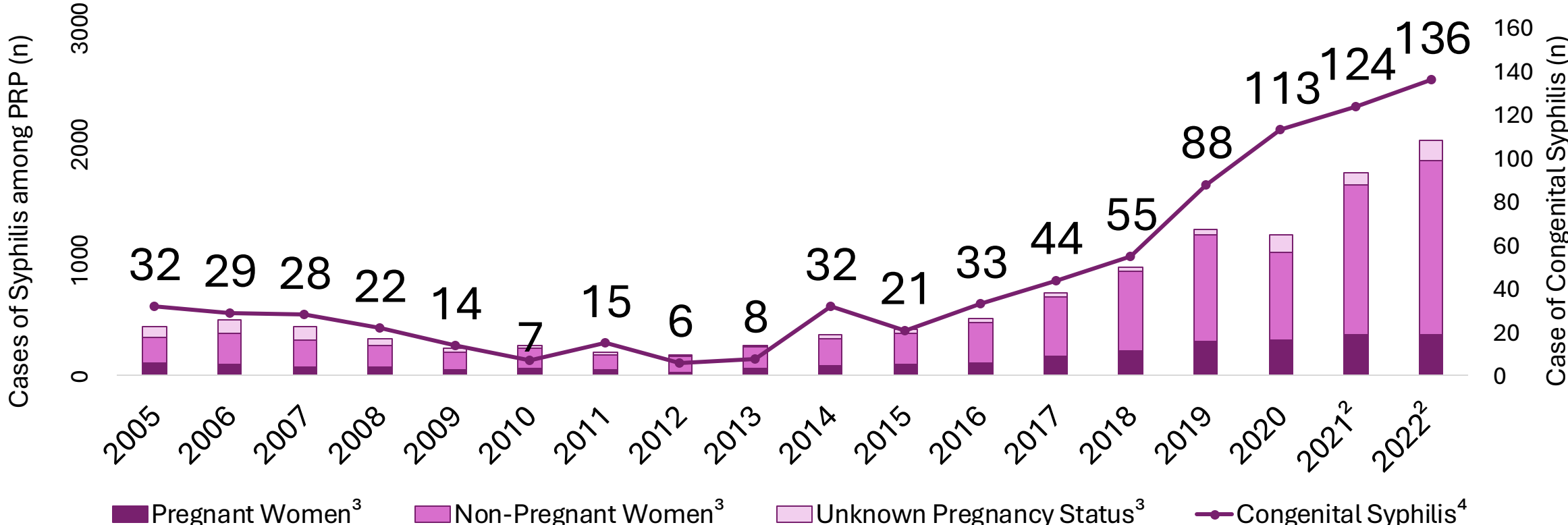
- Public Health Field Investigator in Kern County, CA

# **IMPACT OF PREGNANCY STATUS ON THE ASSOCIATION BETWEEN METHAMPHETAMINE USE AND SYPHILIS TREATMENT IN LOS ANGELES COUNTY**

1. Examine the Association Between Meth Use and Syphilis Treatment
2. Assess the Impact of Pregnancy Status on Syphilis Treatment Outcomes

# SHARP RISE OF CS

Number of PRP and Probable Congenital Syphilis Cases, Los Angeles County, 2005-2022<sup>1</sup>

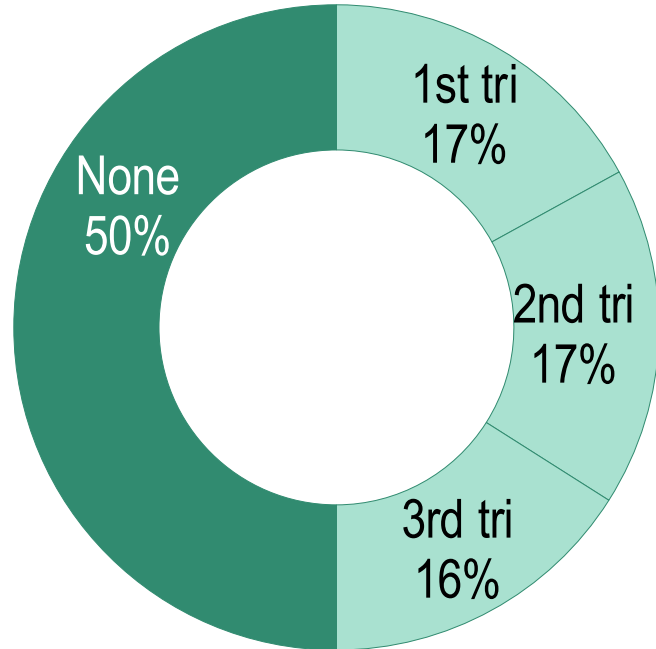


**Footnote.** <sup>1</sup> 2005-2022 data are from STD Casewatch as of 08/20/2023 and exclude cases from Long Beach and Pasadena <sup>2</sup> 2021-2022 data are provisional due to reporting delay. <sup>3</sup> Syphilis among females of childbearing age (ages 15-44) including all cases staged as primary, secondary, early non-primary non-secondary (previously early latent) and unknown duration/late (previously late latent) <sup>4</sup> Congenital Syphilis includes syphilitic stillbirths. **Data source:** Los Angeles County Department of Public Health Division of HIV and STD Programs

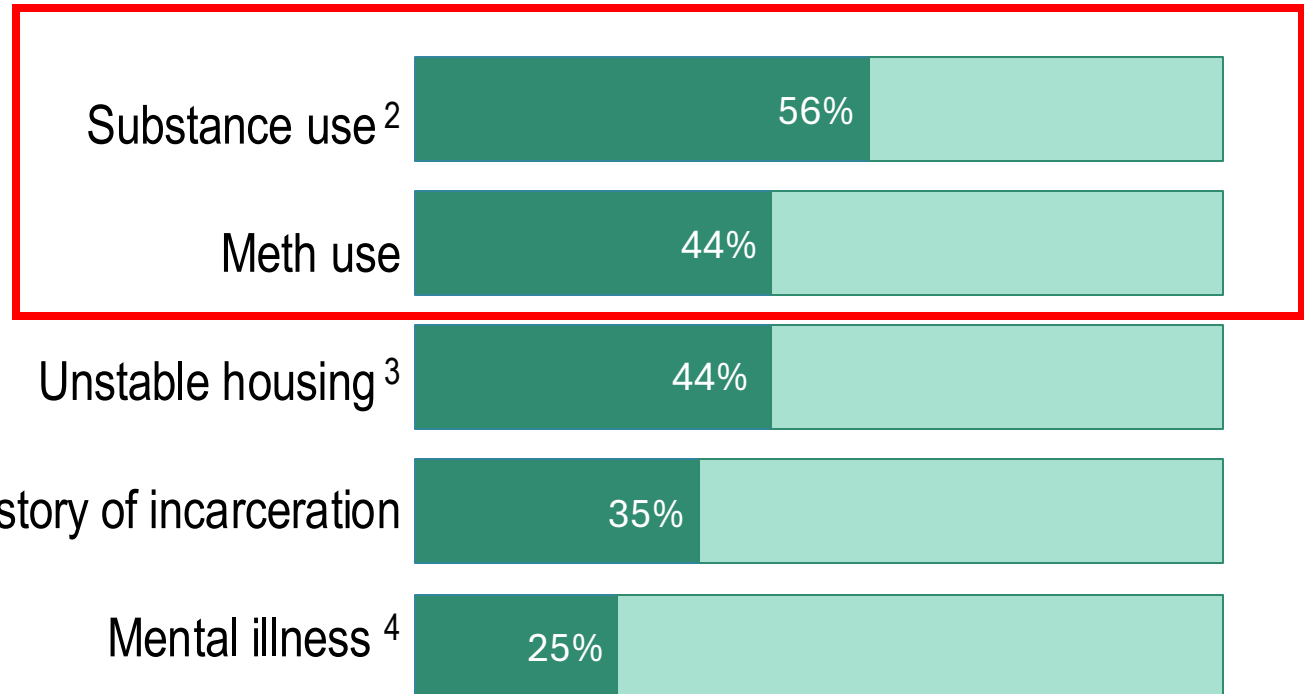


# BIRTHING PARENT CHARACTERISTICS<sup>1</sup> OF INFANTS BORN WITH CS IN 2022

Trimester at prenatal care entry



Health and social vulnerabilities



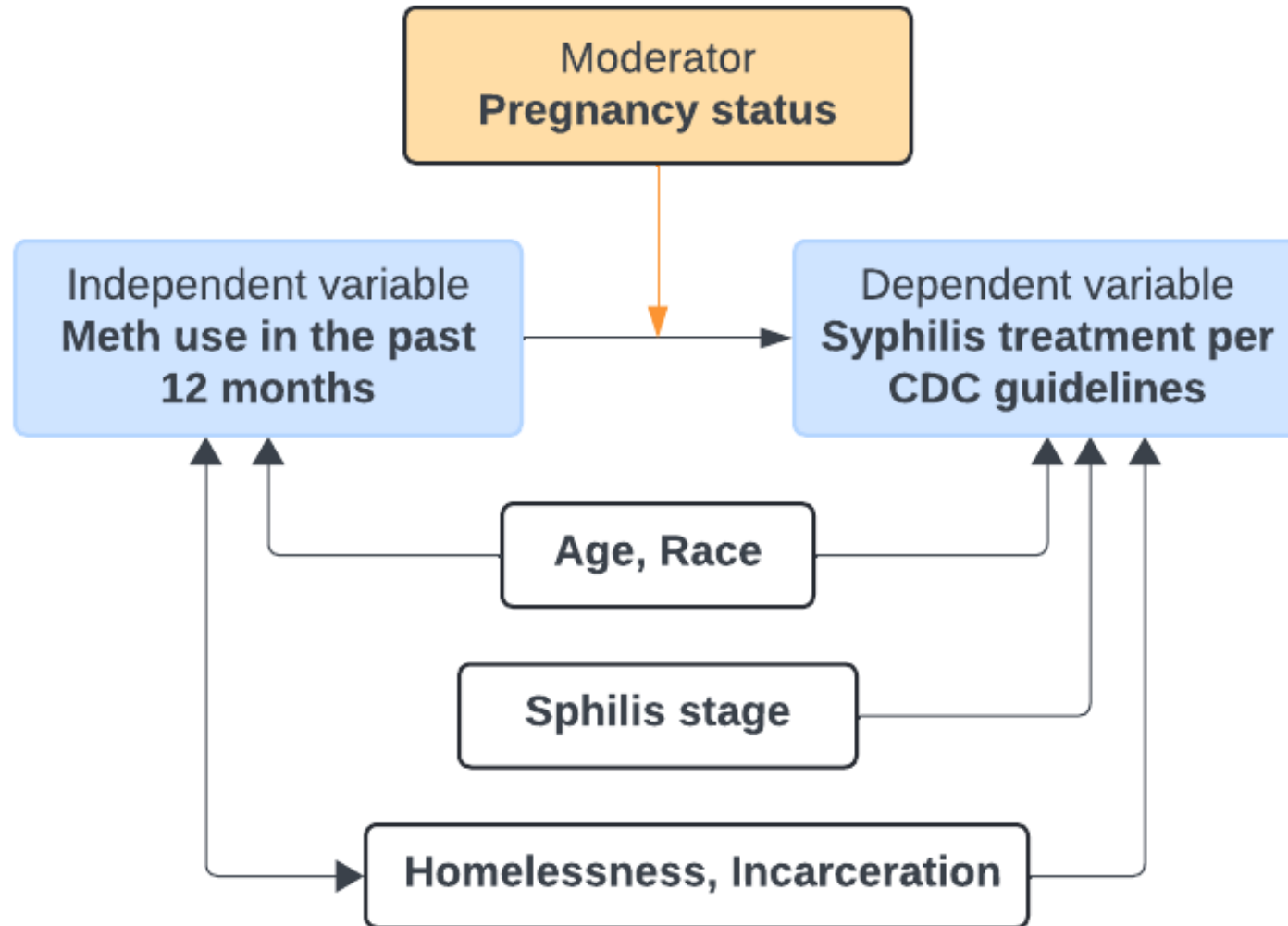
**Footnote.** <sup>1</sup> Characteristics are likely under-reported due to loss to follow up and minimal medical documentation.

<sup>2</sup> Includes meth, excludes marijuana. <sup>3</sup> Includes shelters, sleeping outdoors, group homes, transitional housing, and other living arrangements <sup>4</sup>

Within the last 2 years. **Data sources:** Los Angeles County Department of Public Health Division of HIV and STD Programs, toxicology reports, syphilis interviews, LA County Sheriff's Dept. Inmate, Information Center, medical records. Congenital syphilis REDCap data as of 12/18/2023.



# CONCEPTUAL FRAMEWORK



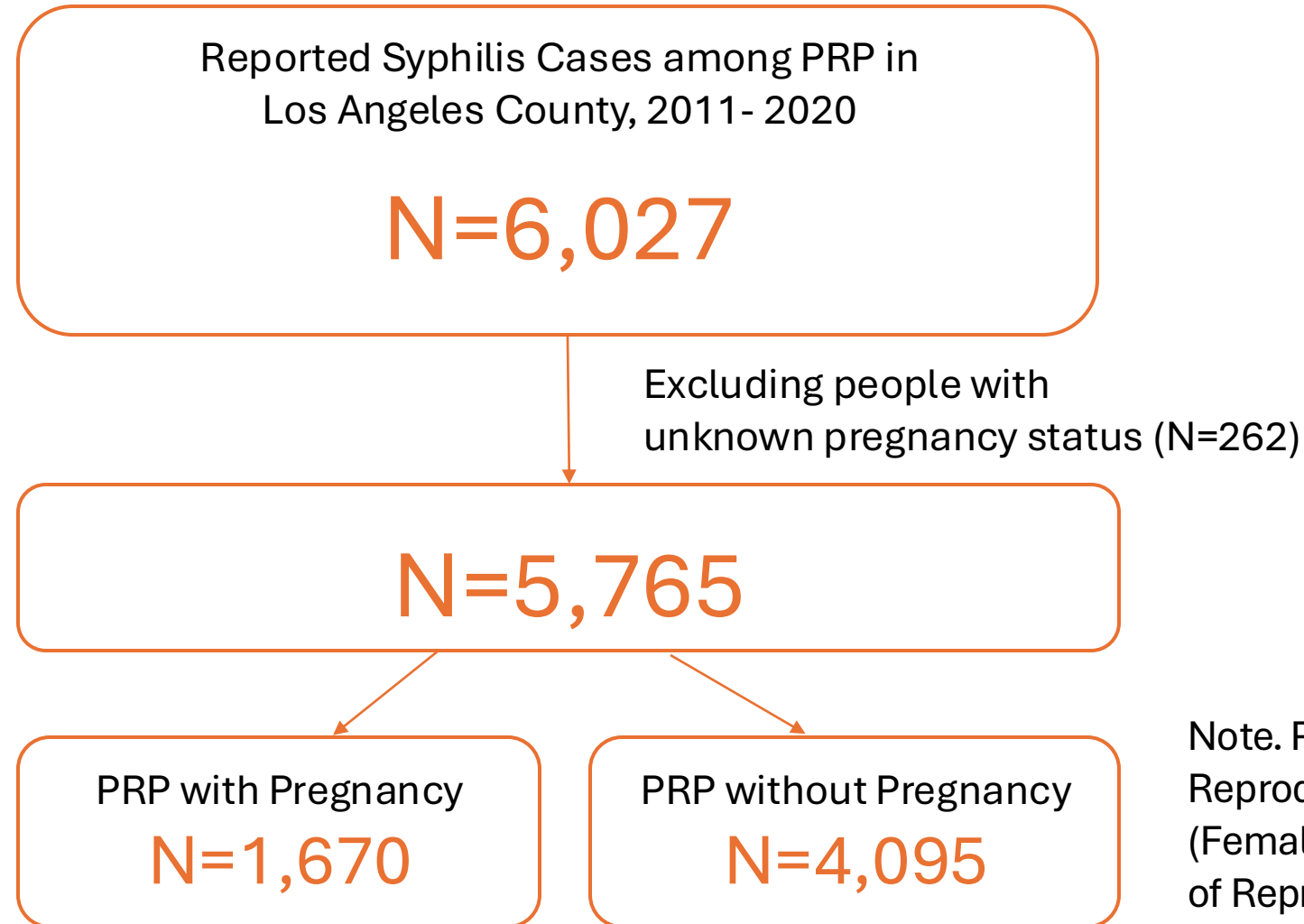


# DATA SOURCE

Multi-year aggregated data: Syphilis surveillance data between 2011 and 2020

Division of HIV and STD Programs in the Los Angeles County Department of Public Health

# STUDY POPULATION



Note. PRP = Persons with  
Reproductive Potential  
(Females Aged 15-44, Women  
of Reproductive Age)

# STATISTICAL ANALYSES

1. **Descriptive analysis** for demographic characteristics, chi-square test to assess differences in categorical variables
2. **Nested Multivariate logistic regression** to examine the association of meth use & syphilis treatment, stratified by pregnancy status
  - **Model 1:** Unadjusted model
  - **Model 2:** Adjusted for demographic variables (age, race)
  - **Model 3:** Further adjusted for clinical syphilis stage (Primary & Secondary, Early Latent, Late Latent)
  - **Model 4: Full model,** Additionally adjusted for social vulnerabilities (homelessness, incarceration)
3. **Multivariate logistic regression with multiple imputation** to account for missing data and enhance the validity of the findings

# PRP CHARACTERISTICS

- **Meth use:** 11.7% for PRP with pregnancy, 9.7% for PRP without pregnancy
- **Syphilis treatment:** 77% for PRP with pregnancy, 59% for PRP without pregnancy
- **Average age:** 29 years
- **Latinx:** 50% ; **Black:** 24%
- **Early syphilis:** 39%

# PRP WHO ARE NOT PREGNANT

Model 1 OR (95% CI)	Model 2 OR (95% CI)	Model 3 OR (95% CI)	Model 4 OR (95% CI)	M.I. OR (95% CI)
	Age, Race	Age, Race Syphilis stage	Age, Race Syphilis stage Unhoused Incarceration	Age, Race Syphilis stage Unhoused Incarceration
1.64* (1.04, 1.30)	1.31* (1.04, 1.64)	1.08 (0.83, 1.40)	1.05 (0.80, 1.37)	1.19 (0.94, 1.52)

Model 4 did **not** show significant impact of meth use on syphilis treatment.

# PRP WHO ARE PREGNANT

Model 1 OR (95% CI)	Model 2 OR (95% CI)	Model 3 OR (95% CI)	Model 4 OR (95% CI)	M.I. OR (95% CI)
	Age, Race	Age, Race Syphilis stage	Age, Race Syphilis stage Unhoused, Incarceration	Age, Race Syphilis stage Unhoused, Incarceration
0.56* (0.40, 0.77)	0.56* (0.40, 0.78)	0.49* (0.34, 0.69)	0.50* (0.35, 0.73)	0.52* (0.36, 0.75)

Model 4 showed that pregnant PRP using meth had **50% lower** odds of receiving syphilis treatment compared to pregnant PRP not using meth.

# RESULTS

- Meth use was associated with **50% lower** odds of syphilis treatment **only in PRP who are pregnant**, while showing no significant effect in PRP who are not pregnant.

# CONSIDERATIONS

- **Data Limitations**

Missing 25% of meth use data, Under-reporting → Multiple imputation

- **Model Constraints**

Other confounding variables that may affect syphilis treatment access were not collected (e.g., intimate partner violence, insurance status, transportation access, poverty, etc.)

# Reproductive Justice Framework emphasizes that individual's human rights include:



# HOW DO WE INTERPRET THE RESULTS?

- Child protection services
  - Fear of losing child custody
- Concerns for existing substance use management and treatment
- Stigma and discrimination
  - Self and social stigma
  - Healthcare provider-related stigma

Source: Barber et al., 2023, Chan et al., 2021, Choi et al., 2022, Nidey et al., 2022, Park et al., 2022, Roberts and Pies, 2011, Schempf and Strobino, 2009, Stone, 2015, Thornton et al., 2022.



*Illustration: Victoria Ellis for Yahoo; Photo: Getty Images*

# WHAT REMAINS TO BE LEARNED?

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Underlying mechanisms of meth use and CS

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Low barrier prenatal care and syphilis testing

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Confidential services linking PRP to care

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Comprehensive case management

---

Collaboration beyond the field of STIs





The Preventionist charts this doctor's path to Pennsylvania, as well as the profound damage that can result from separating parents and children; the final episode is the unvarnished story of one mother's struggle to reunite her family after it was torn apart. Her ordeal answers the questions at the heart of child-protection work: What is the cost of a "better safe than sorry" approach? And how should doctors and caseworkers make life-altering judgments in cases where abuse isn't clear-cut?

Listen to the three-part series

Why are so many families in the Lehigh Valley losing custody of their children?



**Episode 1: Creative Financing**

Oct. 15, 2025



**Episode 2: The CAP Will See You Now**

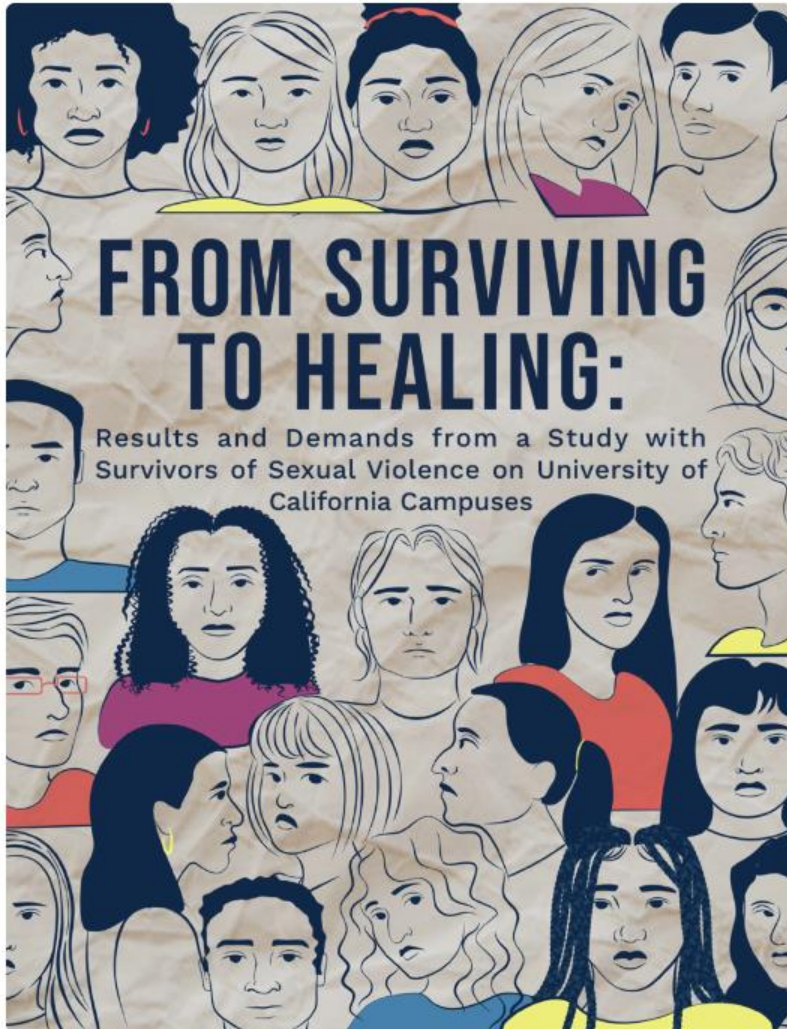
Oct. 15, 2025



**Episode 3: Better Safe Than Sorry**

Oct. 15, 2025

# BUILDING COMMUNITY THROUGH PUBLIC HEALTH RESEARCH, ART, & ACTIVISM



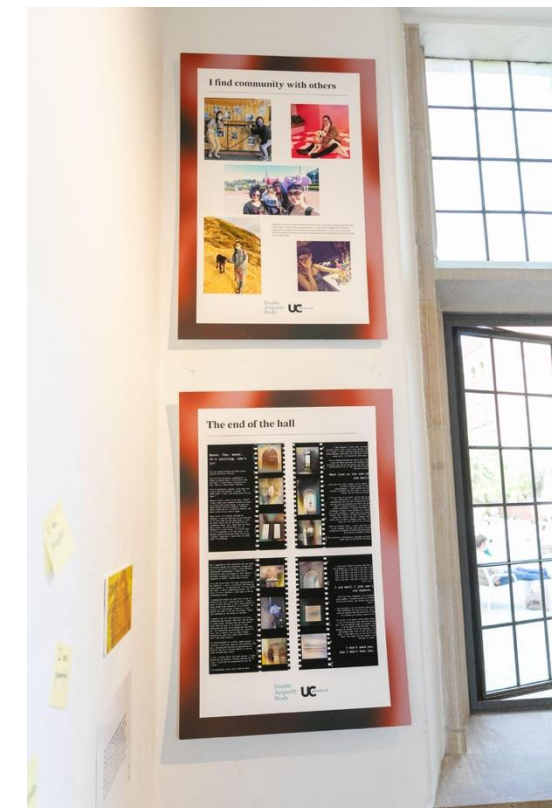
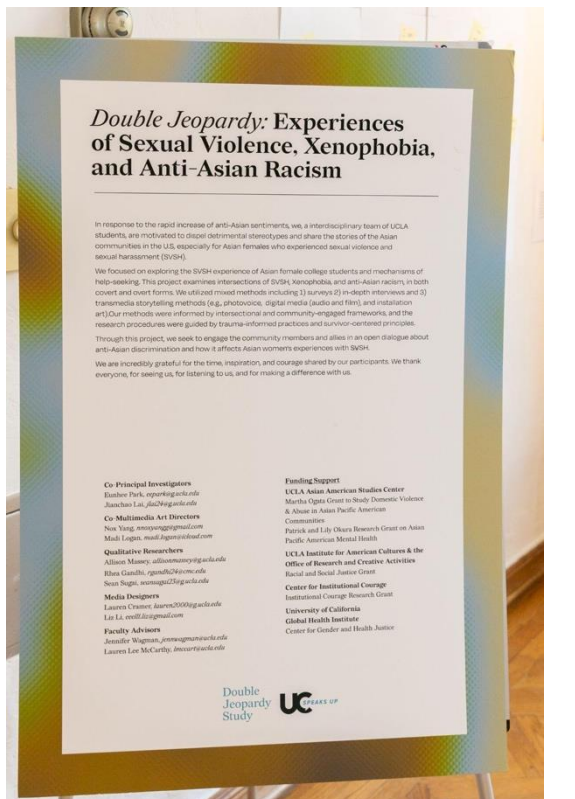
**Survivors + Allies at UCLA**



Findings and policy recommendations from Survivors + Allies' previous study were cited in the 2024 Call to Action report by the California State Assembly, which supported the passage of the Equity in Higher Education Act: Senate Bill (SB) 1491.

# ART EXHIBIT AND PANEL DISCUSSION ON SEXUAL VIOLENCE AWARENESS (APR. 2023)







Double  
Jeopardy  
Study






Double  
Jeopardy  
Study



# Yellow Power: Building Asian Student Community Voices Against Gender-Based Violence Through Public Health Research and Art

 Eunhee V. Park, MPH

## ABOUT THE AUTHOR

Eunhee V. Park is with the Department of Community Health Sciences in the Fielding School of Public Health at the University of California, Los Angeles (UCLA).

The Atlanta, Georgia, spa shooting in March 2021, where six of the eight victims were Asian women, stands as a chilling reminder of how racism and misogyny intersect to justify harm to Asian women.<sup>1</sup> Often objectified as submissive and hypersexualized, Asian women are frequently reduced to harmful stereotypes that take away their humanity. Since the COVID-19 pandemic, this objectification has intensified with anti-Asian rhetoric scapegoating Asians for the virus, amplifying hostility and bias.<sup>2</sup>

## AMPLIFYING COMMUNITY VOICES THROUGH RESEARCH

As a South Korean immigrant and public health student, I faced anti-Asian discrimination firsthand and witnessed the trauma it caused within my community. Experiencing this ongoing adversity compelled me to act. Starting in 2018,

I joined the UC Speaks Up project, which addressed sexual violence on college campuses.<sup>3</sup> Leveraging this work, I focused my research on the Double Jeopardy Study, exploring the intersection of violence experienced by Asian students.<sup>4</sup> I worked with Jianchao Lai and Jennifer Wagman to create a trauma-informed environment within a public health research framework, where victim-survivors of sexual violence could safely share their experiences.<sup>4</sup> We conducted more than 50 in-depth interviews and collected more than 20 transmedia-photovoice pieces for this mixed-method study. The resilience and strength of the study participants came through as they shared their hopes for solutions to prevent violence and spare others from similar harms. I realized that my role as a public health scholar extends beyond research. I was inspired to take initiatives that supported recovery and solidarity of victim-survivors by creating beautiful community spaces.

## EXPRESSING RESILIENCE AND PAIN THROUGH CREATIVE ART

My team developed transmedia-photovoice, incorporating creative writing, painting, film, and sound narratives. This approach provided participants with a broad range of expressive tools to convey their stories. Through the art, I saw pain from gendered and racialized discrimination, violence, fetishization, silence, isolation, depression, and anxiety—alongside expression of gratitude, hope, love, resilience, and strength. These layered emotions were powerfully captured in art, revealing what numbers and words alone cannot show. The complexities of violence, the subsequent harms, and the coping processes were closely tied to participants' growth and identity formation.

## RESEARCH AND ART AS A CATALYST FOR DIALOGUE AND HEALING

We displayed interview quotes on yellow silk panels—our interpretation of “Yellow Power,”<sup>5</sup> inspired by 1970s Asian student activism—inviting the campus community to engage with narratives usually confined to academic journals. The installation, featuring quotes from interviews and transmedia-photovoice pieces, created a beautiful space that illuminated these experiences. The weeklong exhibition, culminating in a panel discussion, reached students and community members from UCLA and other campuses across Los Angeles, California, highlighting the power of creatively expressed lived experiences. Through this exhibition, we revealed the

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pervasive and often covert forms of violence against Asian communities. The open dialogue on stigmatized topics like sexual violence and racism was made possible by the art exhibition, which fostered respectful and empathetic discussion. The exhibit grounded participants in shared experiences and understanding as the community connected through the art, offering insights that will shape our future work in violence prevention and intervention.

## CONCLUSION

Art can feel intimidating in public health where there is no clear right or wrong answer and no *P* value to indicate significance. When I voiced these concerns, Lauren, an artist and a professor at UCLA Design Media Arts, simply said, “Have fun with it. Experiment with it and see where it takes you.” That encouragement helped me embrace uncertainty and explore creatively with an open mind. As I continue to uplift often-silenced voices through research and art, I have found my own community of support—a network of shared resilience and hope. Together, we are forging a path toward healing and understanding, showing that public health can be a space not only for prevention but also for connection, reconciliation, and growth. **AJPH**

## CORRESPONDENCE

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I am grateful to the Double Jeopardy Study participants for sharing their experiences. Special thanks to my collaborators, Jianchao Lai and Jennifer Wagman, for their leadership and dedication, and to our incredible student researchers—Jenny Lee, Rhea Gandhi, Allison Massey, Madison Logan, Grace Nguyen, Sabrina Dou, and Sean Sugai. Nox Yang, Lauren Cramer, Anmol Gupta, and Lauren McCarthy played pivotal roles in the transmedia-photovoice project and community exhibitions. Thank you to UC Speaks Up, Center for Gender and Health Justice at UC Global Health Institute, Bruin Consent Coalition, UC Survivors and Allies, UCLA CARE, and the Oxy Sexual Assault Coalition for their invaluable partnership. Connect with us at <http://ucspeaksup.org/djstudy> or Instagram: <https://www.instagram.com/apjucspeaksup>.

## CONFLICTS OF INTEREST

The author has no conflicts of interest to report.

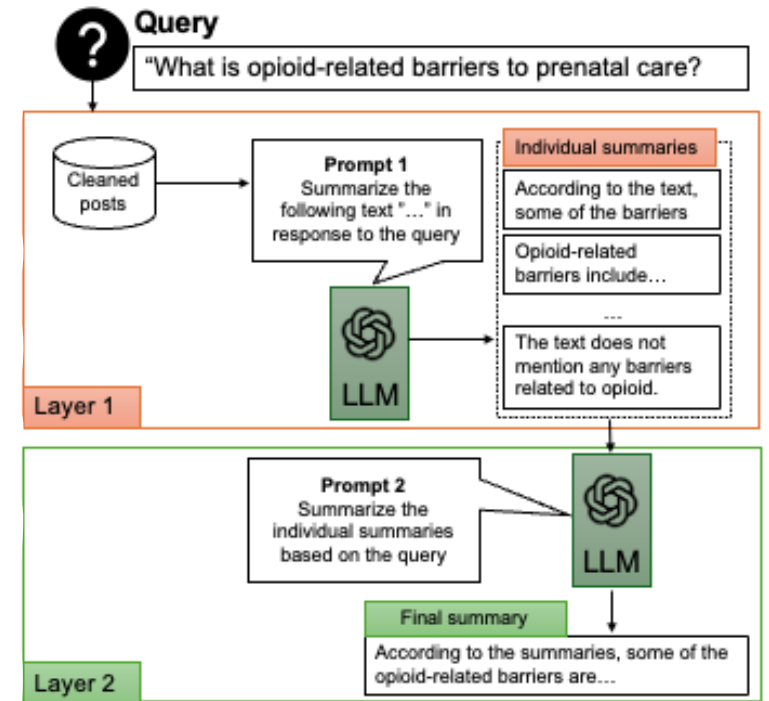
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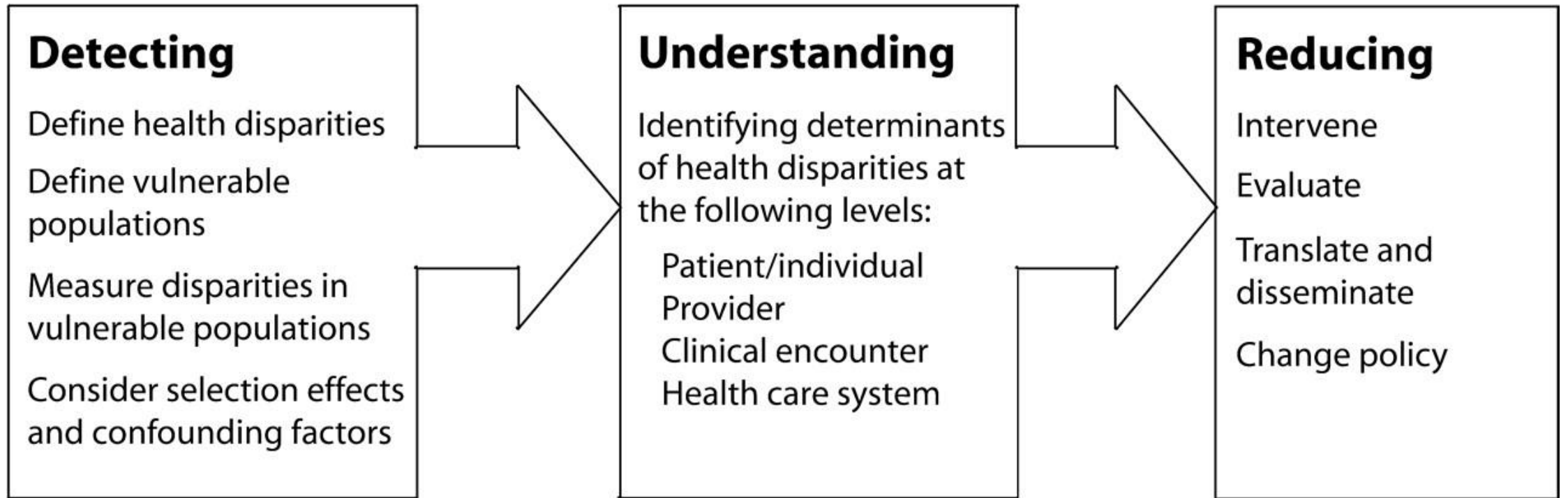
# CURRENT WORK

## Social Media and LLM

1. How can we accurately detect self-reported substance use among pregnant population?
2. What barriers and emotions shape substance use treatment and prenatal care intentions and behaviors?
3. How can we synthesize these discussions into accurate, interpretable summaries for public health use?



# NEXT STEPS



Source: Kilbourne et al. 2006

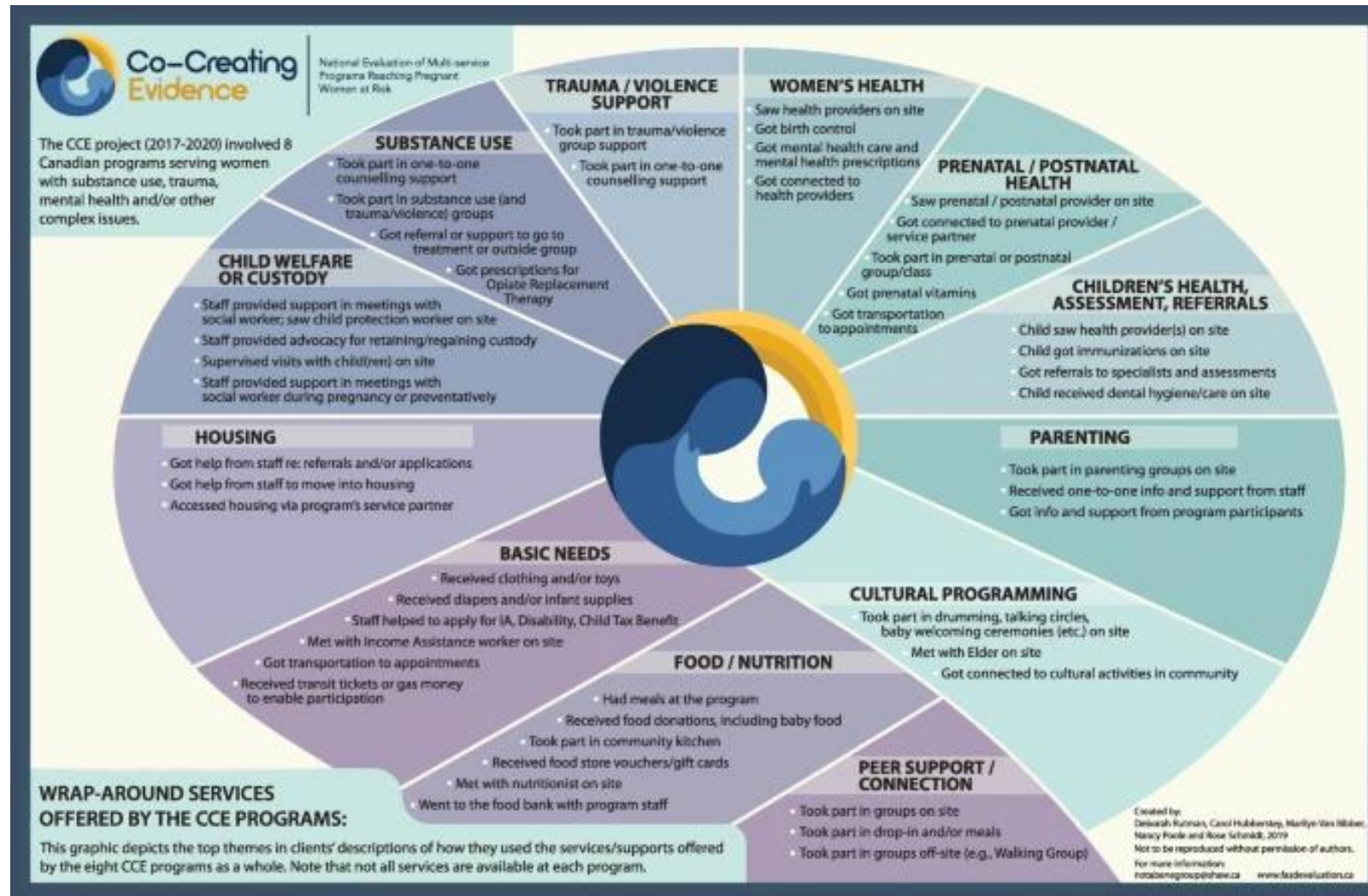
Current Research Portfolio

Next Steps

# RESEARCH PATHWAY

Phase of Research (Kilbourne et al. 2006) Table adapted from Delafield 2024	Past	Present		Future
	Research Assistant (PI: Wagman) CDC, World Bank, NIH	Ph.D. Research (Co-PI: Park, Lai, Wagman) AAPI Data, UCLA, NIH	Postdoctoral Research (PI: Park) HRSA	Career Development (K01) and/or Research Award (R01 or R34)
1 <sup>st</sup> Phase: <b>Detection</b>				
2 <sup>nd</sup> Phase: <b>Understanding</b>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Adaptation of SASA! in Rural Tanzania</div> <div style="border: 1px solid black; padding: 5px;">Understanding Masculinity and IPV in Uganda</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Barriers to Victim- Survivor Services in Higher Education</div> <div style="border: 1px solid black; padding: 5px;">Congenital Syphilis in Southern California</div>	<div style="border: 1px solid black; padding: 5px;">Substance Use During Pregnancy Discourse in Reddit</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">National Level Understanding of Substance Use and Prenatal Care Barriers</div> <div style="border: 1px solid black; padding: 5px;">Pilot Intervention Programs</div>
3 <sup>rd</sup> Phase: <b>Reduction/Prevention</b>				<div style="border: 1px solid black; padding: 5px;">Policies or Guideline Development</div>

# Wraparound Programming



Rutman, D., Hubberstey, C., Poole, N. *et al.* Multi-service prevention programs for pregnant and parenting women with substance use and multiple vulnerabilities: Program structure and clients' perspectives on wraparound programming. *BMC Pregnancy Childbirth* **20**, 441 (2020). <https://doi.org/10.1186/s12884-020-03109-1>

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