

**PROGRAM**

**8<sup>TH</sup> ORANGE COUNTY WOMEN'S HEALTH SUMMIT**

# **Women's Health in the Age of COVID-19**

**A VIRTUAL FOUR-PART SUMMIT SERIES  
MAY 29, JUNE 3, JUNE 10 & JUNE 17, 2020**



**Orange County**

**WOMEN'S HEALTH PROJECT**

**8th ORANGE COUNTY WOMEN’S HEALTH SUMMIT**  
**Women’s Health in the Age of COVID-19**

A Virtual Four-Part Summit Series  
May 29, June 3, June 10 and June 17, 2020

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**AGENDA – SESSION 1**

**COVID-19, Women’s Health and Adverse Childhood Experiences (ACEs)**

**Friday May 29, 2020**

- 8:45 am      Webinar Opens to Attendees**
- 9:00 am      Introductions – Allyson W. Sonenshine, JD**  
Founding Director, Orange County Women’s Health Project (OCWHP)
- 9:12 am      Welcome – Congressman Harley Rouda**  
48<sup>th</sup> Congressional District of California
- 9:20 am      Keynote Address – COVID-19 and Women’s Health – Judy Belk**  
President & CEO, The California Wellness Foundation
- 9:50 am      Panel – COVID-19 and Adverse Childhood Experiences (ACEs)**  
*Moderator: Dena J. Rubin, MPH, Program Manager, OCWHP*
  - The Science of ACEs – Anne H. Light, MD**  
Medical Director, Orange County Social Services Agency
  - ACEs Aware – Eric Ball, MD, FAAP**  
Pediatrician, CHOC Children's  
Immediate Past President, American Academy of Pediatrics - Orange County
- 10:45 am     Q&A for ACEs Panel**
- 11:00 am     Closing Remarks – Allyson W. Sonenshine, JD**  
Founding Director, OCWHP
- 11:10 am     Program Ends**

**AGENDA – SESSION 2**  
**COVID-19 AND SEXUAL HEALTH**

Wednesday June 3, 2020

- 8:45 am**      **Zoom Webinar Opens to Attendees**
- 9:00 am**      **Welcome & Introductions – Allyson W. Sonenshine, JD**  
Founding Director, Orange County Women’s Health Project (OCWHP)
- 9:15 am**      **Panel – COVID-19 & Sexual Health**  
*Moderator: DeVera Heard, EdD, Principal/Administrator (Retired), Santa Ana Unified School District, Advisory Board, OCWHP*
- The County Response – Helene Calvet, MD**  
Deputy Medical Director, Communicable Disease Control Division,  
Orange County Health Care Agency
- Adapting Sexual & Reproductive Healthcare – Betha Schnelle,**  
**MPH, MBA**  
COO, Planned Parenthood of Orange and San Bernardino Counties
- LGBTQ Access – Michelle J. Sherman, RPh, APh, FASCP, FACA,**  
**AAHIVP**  
Advanced Practice Pharmacist, Radiant Health Centers
- Sexual Health Education and Services for Seniors – Joyce**  
**Swaving, CHES**  
Certified Health Educator, Shanti OC
- 10:15 am**      **Q&A for Sexual Health Panel**
- 10:35 am**      **Closing Remarks - Allyson W. Sonenshine, JD**  
Founding Director, OCWHP
- 10:45 am**      **Program Ends**

**AGENDA – SESSION 3**

**COVID-19 AND WOMEN’S HEALTH POLICY IMPLICATIONS**

**Wednesday June 10, 2020**

- 8:45 am**      **Zoom Webinar Opens to Attendees**
- 9:00 am**      **Welcome & Introductions – Allyson W. Sonenshine, JD**  
Founding Director, Orange County Women’s Health Project
- 9:15 am**      **Panel – COVID-19 and Women’s Health Policy Implications**  
*Moderator: Aurora Garcia-Barrera, Director of Policy and Government Affairs, The Coalition of Orange County Community Health Centers*
- Allyson W. Sonenshine, JD**  
Founding Director, Orange County Women’s Health Project
- Mona Shah, JD, MPH**  
Health Policy Consultant  
Policy Advisor, Orange County Women’s Health Project
- 9:55 am**      **Q&A for Policy Implications Panel**
- 10:15 am**     **Closing Remarks – Allyson W. Sonenshine, JD**  
Founding Director, OCWHP
- 10:30 am**     **Program Ends**

**AGENDA – SESSION 4**  
**COVID-19 AND MENTAL HEALTH**

Wednesday June 17, 2020

- 8:45 am**      **Zoom Webinar Opens to Attendees**
- 9:00 am**      **Welcome & Introductions – Allyson W. Sonenshine, JD**  
Founding Director, Orange County Women’s Health Project (OCWHP)
- 9:20 am**      **Panel – COVID-19 and Mental Health**  
*Moderator: Gail Dratch, MSW, Mental Health Specialist, OCWHP*
- Perinatal Mental Health – Diana Ramos, MD, MPH**  
President, Orange County Medical Association  
Incoming Chair, American College of Obstetricians and Gynecologists -  
California
- Be Well OC – a Mental Health System of Care – Clayton Chau, MD,  
PhD**  
Director, Orange County Health Care Agency
- Seniors and Caregivers – Michelle Park, MD**  
Psychiatrist, ReConnect Early Intervention Services for Older Adults,  
Council on Aging - Southern California
- 10:10 am**      **Q&A for Mental Health Panel**
- 10:30 am**      **Closing Remarks – Allyson W. Sonenshine, JD**  
Founding Director, OCWHP
- 10:45 am**      **Program Ends**

## **SPEAKER BIOS**

### **SESSION 1 – COVID-19, WOMEN’S HEALTH AND ADVERSE CHILDHOOD EXPERIENCES (ACEs)**

#### **CONGRESSMAN HARLEY ROUDA**

##### **48<sup>th</sup> Congressional District of California**

Harley Rouda is a successful businessman, husband, father, and patriot serving California's 48th Congressional district. Congressman Rouda is one of the most productive Freshman Members of Congress, reaching across the aisle to pass common-sense and bipartisan legislation. He's focused on results – not empty political rhetoric.

In one year, his office has recovered over \$1,600,000 for Orange County families and secured more than \$40,000,000 in grant funding for our district, bringing home our hard-earned tax dollars to local businesses and public works projects. Harley is fighting to protect Americans with pre-existing conditions, make prescription drugs affordable, fight climate change, address our homelessness crisis, reduce gun violence, and empower America's main-street economy. Harley lives in Laguna Beach, California, and is married to award-winning author, Kaira Sturdivant Rouda. They have four children who continuously inspire them.

#### **JUDY BELK**

##### **President and CEO, The California Wellness Foundation**

As president and CEO, Judy Belk leads The California Wellness Foundation in pursuing its mission to protect and improve the health and wellness of the people of California. She uses her vision and her voice to help Cal Wellness “level the playing field” so that everyone has access to health care, quality education, good jobs, healthy environments and safe neighborhoods.

Belk is a seasoned leader with more than 25 years of senior management experience in the philanthropic, government, nonprofit and corporate sectors. Before joining Cal Wellness in April 2014, she served as senior vice president of Rockefeller Philanthropy Advisors and as vice president of global public affairs at Levi Strauss & Co.

She is a frequent writer and speaker on organizational ethics, race and social change, and she blogs regularly at the foundation’s website on issues related to its grantmaking and public policy priorities. She currently serves on the boards of the Surdna Foundation, a national New York-based family foundation, and Hedgebrook, a women’s writing retreat in the state of Washington that promotes women’s voices and social change. She is also an advisory board member for the University of California Firearms Violence Research Center, the first state-supported institution of its kind in the country.



Belk received her undergraduate degree from Northwestern University and her master's degree in public administration from California State University, East Bay.

**DENA RUBIN, MPH**

**Program Manager, Orange County Women's Health Project**

Dena Rubin has over 30 years of experience developing and managing health and human service programs in California. As Program Manager for the Orange County Women's Health Project, she supports the development, coordination, evaluation, and sustainability of a Health and Domestic Violence System Integration Project in partnership with an array of organizations in Orange County. As a private consultant, Dena assisted with development of the Families and Communities Together (FaCT) Program, a county-wide system for funding, expanding and supporting Family Resource Centers (FRCs) and the development Orange County's Strong Families, Strong Children program to support military connected families. Her work in Orange County has included the development and management of the Prop 10 funded community based health access initiative, coordination of a comprehensive Child Abuse Prevention Plan, administration of the county-wide Bridges Maternal Child Health Network, and a strategic health analysis for Orange County United Way. Prior to working in Orange County, Dena's public health work was recognized by both the Santa Barbara County Health Care Services and the Los Angeles County Department of Health Services - AIDS Program Office. Dena earned her Master's in Public Health from UCLA.

**ANNE LIGHT, MD**

**Medical Director, County of Orange Social Services Agency**

Dr. Anne Light is a pediatrician specializing in childhood trauma. She earned her MD from Harvard Medical School (2005) and completed residency training in pediatrics at Massachusetts General Hospital (2008) with a focus in trauma and emergency care. Until 2015 she worked as pediatric provider within the Massachusetts General/Partners system and led several multidisciplinary collaborations to improve patient care and trauma outcomes. In addition, from 2008-2011 Dr. Light served as the Executive Director of a nonprofit to optimize early learning in children aged zero to three. In 2015 she joined the Orange County Social Services Agency, where she serves as the Medical Director and is working to create interdisciplinary programs to support children and families. She is currently leading and developing the WE CAN Coalition: Working to End Child Abuse and Neglect. This group has more than 150 members from across Orange County organized into 9 task forces in order to improve the prevention, diagnosis, and treatment of maltreatment in children, families and communities.

**ERIC H.BALL, MD, FAAP**

**Pediatrician, CHOC Children's**

**Immediate Past President, American Academy of Pediatrics-Orange County**

Eric Ball is a primary care pediatrician at Southern Orange County Pediatric Associates, a member of the CHOC Children's Primary Care Network. Dr. Ball is the immediate

Past President of the American Academy of Pediatrics in Orange County and a member of the Board of Directors of the AAP-California. He also serves as an Assistant Medical Director with CHOC Health Alliance and is a delegate to the California Medical Association House of Delegates. He currently represents the AAP on the California Surgeon General's Trauma-Informed Primary Care Implementation Advisory Committee, helping to implement ACEs screening into primary care settings. Dr. Ball received his degree at Duke University, attended medical school at the University of North Carolina at Chapel Hill, and trained in pediatrics at Stanford University, where he also served as Chief Resident. He lives in Irvine with his wife, 15-year-old son, 11-year-old daughter, and their two Cavalier King Charles Spaniels, Twinkle and Everly.

## **SESSION 2 – COVID-19 AND SEXUAL HEALTH**

### **DEVERA HEARD, EdD**

**Principal/Administrator (Retired), Santa Ana Unified School District, Advisory Board, OCWHP**

Dr. Heard was a school administrator for 34 years before retiring from Santa Ana Unified School District. She worked with parents, students and teachers from elementary to university level. She has volunteered in the community since she was 12 years old and continues to do so. Her main focus has always been to encourage treatment of all individuals as valued human beings. Her experience as an advocate has taken her to Washington DC, Sacramento, and many OC cities and municipalities. Dr. Heard is an active, dedicated member of many community groups. She has been described as an involved, determined, well spoken, informed woman with a service heart.

### **HELENE CALVET, MD**

**Deputy Medical Director, Communicable Disease Control Division, Orange County Health Care Agency**

Dr. Helene Calvet received her MD from the UCLA School of Medicine. She completed residency in Internal Medicine and a fellowship in Infectious Diseases and is board-certified in both disciplines. Initially working in academic medicine, she changed to Public Health, where she has worked for almost 20 years, with special emphasis on STIs and TB. In 2018, she cut back to part-time work to volunteer in Global Health, and received certification in Tropical Medicine. In March 2020, she returned to public health fulltime to assist with COVID response. She has published 10 articles, served on two CDC Expert Panels and taught STI management to health care providers throughout Region IX and in 6 other countries.

**BETHA SCHNELLE, MPH, MBA**

**Chief Operating Officer, Planned Parenthood of Orange and San Bernardino Counties**

Betha Schnelle, Chief Operating Officer of Planned Parenthood of Orange and San Bernardino Counties, has led her affiliate to the highest standards of operational excellence since 2007. Guided by her conviction that all patients deserve a first-class health care experience regardless of their ability to pay, the PPOSBC centers under Betha have reduced patient wait times to under 15 minutes, maintained YELP review scores of over 4 star+ ratings and over 95% of patients state they would refer their family and friends to Planned Parenthood. Under Betha, patient volume has grown over 30% percent in 7 years, and revenues exceed \$90 million.

With both an MPH and an MBA, Betha has a unique combination of public health and business leadership skills that allow her to think creatively and work quickly in the rapidly developing new environment. In order to continue providing critical sexual and reproductive health care services to the community during the COVID-19 crisis, Betha implemented new telehealth and drive through birth control services in which birth control prescriptions are safely delivered to patients in cars and was recognized by Senator Tom Umberg as an ‘Everyday Hero’.

**MICHELLE J. SHERMAN, RPH, APH, FASCP, FACA, AAHIVP**

**Advanced Practice Pharmacist, Radiant Health Centers**

Michelle is an author, speaker, consultant and advisor, and as a pharmacy entrepreneur and innovator, and President of MichRx Pharmacist Consulting Services, Inc., and an internationally recognized HIV Specialist Pharmacist, Michelle has developed a leading edge Medication Therapy Management and Chronic Care management program: Ubuntu Pharmacist Care Program. Michelle is host of The Conscious Pharmacist Podcast, Part of the Pharmacy Podcast Network.

Michelle is committed to advancing the recognition of pharmacists as key healthcare providers on the patients care team. To achieve this she has a non-profit, The Center For Advanced Pharmacist Care, to further advance Pharmacists as healthcare Providers.

**JOYCE SWAVING**

**Certified Health Educator, Shanti LA/OC**

Joyce Swaving is a Certified Health Educator for Shanti OC. Providing medically accurate and age appropriate Sexual Health presentations that are California Health Youth Act compliant keeps her on her toes. Staying current with the current lingo and engaging young people in a meaningful dialogue about their developing bodies and making healthy decisions around sex, consent, relationships, use of drugs and alcohol is extremely rewarding.

On the flip side of working with adolescents, Joyce facilitates discussions at local Senior Centers. As senior adults explore dating and intimacy after the loss of a partner in their "golden years", a unique set of challenges can arise. She has developed engaging interactive exercises and discussion topics that address the concerns of her peer group.

## **SESSION 3 – COVID-19 AND WOMEN’S HEALTH POLICY IMPLICATIONS**

### **ALLYSON SONENSHINE, JD**

#### **Founding Director, Orange County Women’s Health Project**

Allyson Sonenshine has 25 years of nonprofit, legal and volunteer experience in women’s health. In 2011, she founded the Orange County Women’s Health Project, a nonprofit dedicated to advancing local women’s health through education, collaboration, and advocacy. Prior to the OCWHP, Ms. Sonenshine was an attorney in Los Angeles and subsequently helped establish the SOS-EI Sol Wellness Center in Santa Ana. Ms. Sonenshine is the past Board Chair for both Essential Access Health and Planned Parenthood of Orange & San Bernardino Counties. She graduated with honors from the University of Pennsylvania and earned her JD at USC School of Law.

### **MONA SHAH, JD, MPH**

#### **Independent Consultant**

Mona Shah is a Health Policy Consultant and the Project Director for the Health Funders Partnership of Orange County. With an extensive background in health policy and advocacy issues, she primarily works with non-profit organizations, philanthropies, and government agencies. Previously, Mona worked for the consulting firm Health Management Associates. Prior to moving to California, Mona was the Senior Health Policy Advisor to US Senator Barbara Mikulski as well as Staff Director for the US Senate Subcommittee on Children and Families, Committee on Health, Education, Labor and Pensions. Mona drafted several sections of the Affordable Care Act and spent time working on health related legislation and appropriations issues. She is an Advisory Board member of the Orange County Women’s Health Project and on the Board of Directors for Essential Access Health and Pretend City Children’s Museum. Mona earned her JD with a Certificate of Concentration in Health Law from the University of Maryland School of Law. She received both her Master of Public Health in Health Policy and Management and Bachelor of Science in Human Biology and Anthropology from Emory University.

### **AURORA GARCIA-BARRERA**

#### **Director of Policy and Government Affairs, The Coalition of Orange County Community Health Centers**

Aurora has spent the last 10 years working in the nonprofit sector and organizing for social justice and equity for the most vulnerable populations. As an organizer at various statewide organizations she engaged in multiple efforts around health care, immigration, and other issues. Her work has ranged from engaging community members from diverse backgrounds and state/local representatives, to policy advocacy on state budget and legislation, to coordinating regional coalitions. As the Director of Policy and Government Affairs at the Coalition OC, Aurora is responsible for leading the policy and advocacy strategies and campaigns that respond to the needs of Community Health Centers and the patients they serve.

## **SESSION 4 – COVID-19 AND MENTAL HEALTH**

### **GAIL DRATCH, MSW**

#### **Mental Health Specialist, Orange County Women’s Health Project**

Gail Dratch has spent most of her career with the County of Orange Health Care Agency in Maternal, Child and Adolescent Health directing case management programs for pregnant and parenting adolescents (AFLP and Cal-Learn). In this role, she served as the Southern Region representative on a state-wide board tasked with developing protocols, reviewing program data, and recommending improvements throughout the State. She has also worked with the MHSA-funded Prevention and Early Intervention programs, participating in the selection, over-sight and support of community agencies providing contracted services focused on decreasing the incidence and severity of mental illness in Orange County. Most recently, she has been an adjunct faculty member at Chapman University, teaching undergraduate social work classes. Gail earned her Master’s in Social Work from the University of Southern California.

### **DIANA RAMOS, MD, MPH**

#### **President of Orange County Medical Association**

#### **Incoming Chair, California American College of Obstetrics and Gynecology**

Dr. Diana E. Ramos is a well-recognized public health expert, a board-certified obstetrician/gynecologist and adjunct Assistant Clinical Professor, at the Keck University of Southern California School of Medicine. Dr. Ramos was previously the Los Angeles County Public Health Department’s Director for Reproductive Health. Dr. Ramos also serves as the vice-chair of the California American College of Obstetrics and Gynecology executive committee and other women’s health committees providing leadership and guidance to obstetricians and gynecologists throughout California and the U.S.

Her areas of expertise include health disparities, preconception/interconception health, contraception and quality improvement. In Los Angeles County and California, she has led initiatives to decrease maternal morbidity and mortality by focusing on postpartum hemorrhage, cesarean section reduction, obesity reduction and reproductive life planning. Dr. Ramos is an innovator and visionary in health technology and public health. She was the principal investigator for LA MOMs (Los Angeles Managing

Overweight/Obesity in Moms), a postpartum obesity reduction program for new moms, FAMILIA, a preconception text messaging program and Zika text, an educational text messaging program.

Nationally, Dr. Ramos is on the American Medical Association Health Care Disparities Advisory Board, Co-Chair for the March of Dimes Health Equity Advisory Group and on the Board of the National Hispanic Medical Association. Her quality improvement leadership is highlighted by her participation on the National Quality Forum Perinatal and Reproductive Health advisory group, Chair for the Implementation of the Women’s Preventive Services Initiative and co-chair for the California American Congress of Obstetrics and Gynecology Patient Safety Committee.

She has written and contributed numerous articles to the obstetrics and gynecology and public health literature and has lectured in Spanish and English, locally, nationally and internationally on a wide array of topics including preventive health, women's health, motivational speaking and mentoring. Recent awards include 2018 National Hispanic Medical Association Fellow of the Year, Let’s Get Healthy California’s 2017 Innovation Challenge Finalist, 2017 Global Health & Innovation: Semifinalist for Choose Health LA MOMs 2016 Health Officers Association of California Public Health Communications Award and 2016 American Congress of Obstetricians and Gynecologists District Service Award.

Dr. Ramos received her medical degree from the University of Southern California with honors and completed her residency training in obstetrics and gynecology at the Los Angeles County-University of Southern California Medical Center. She obtained her master’s degree in public health with an emphasis in management from the University of California, Los Angeles and received her BA in Communications, Arts & Science from the University of Southern California.

**CLAYTON CHAU, MD, PhD**  
**Director, Orange County Health Care Agency**

Clayton Chau is currently the Director of the Orange County Health Care Agency. Previously, he was the Chief Clinical and Strategy Officer for MindOC, the non-profit entity which he co-founded to support BeWell OC, a private/public/faith based/academic coalition aimed to transform the mental health system. He was previously with Providence Health System, the third largest health system in the country, as the Regional Executive Medical Director of the Institute of Mental Health and Wellness Southern California Region. Appointed by the 23<sup>rd</sup> US Secretary of Health and Human Services, he is a member of the Interdepartmental Serious Mental Illness Coordinating Committee. His past positions include Senior Medical Director for Health Services at L.A. Care Health Plan, the largest nonprofit health plan in the nation, responsible for behavioral health, care management, utilization management, disease management, etc. In that capacity, Dr. Chau was actively involved in the development of the LA County Whole Person Care Program. He was also the Co-Principal Investigator for a multi-year Center for Medicare & Medicaid Services’ Innovation grant in Transforming

Clinical Practice. He started his career in the public sector working 13 years for Orange County Behavioral Health Services where he was the Director of the Center of Excellence in Education, Training, Research and Advocacy for Reducing Health Disparities. There, he developed the first county funded bi-directional behavioral and physical health Integration program as well as the Model of Community Outreach and Education. He is also a Lecturer for the UCLA School of Public Health, an Associate Clinical Professor of Psychiatry and the Director for the Transcultural Psychiatry Curriculum at UC Irvine School of Medicine.

Dr. Chau obtained his MD degree from the University of Minnesota and PhD in Clinical Psychology from Chelsea University. He completed his psychiatry residency at UCLA/San Fernando Valley followed by a fellowship with the National Institute of Mental Health in psychoneuroimmunology focusing on substance abuse and HIV. During his residency he was also selected for the American Psychiatric Association Mead Johnson Fellowship in Community Leadership.

Dr. Chau has conducted international trainings in the areas of health care integration, health care system reform, cultural competency, veteran's health, trauma, homelessness and mental health policy. He is featured in the 2013 documentary "A New State of Mind: Ending the Stigma of Mental Illness" narrated by Glenn Close, produced by PBS, the 2013 Emmy Awards winner 60 Seconds PSA and the 2012 Emmy Awards winner Informational/Public Affairs Series "Profiles of Hope" produced by the LA Department of Mental Health. Dr Chau was named the 2012 Visionary Leader by the National Council for Behavioral Health. In that same year he was also awarded the prestigious Warren Williams, MD Award from the American Psychiatric Association "for his extraordinary contributions to the profession of psychiatry and the care of those with mental illness."

**MICHELLE PARK, MD**

**Psychiatrist, ReConnect Early Intervention Services for Older Adults, Council on Aging - Southern California**

A graduate of Stanford University and Loma Linda University School of Medicine, Dr. Park completed her combined residency in Family Medicine and Psychiatry at the University of California at Davis Medical Center. She is board certified in both Family Medicine and Psychiatry. Her professional interests include integration of mental health into primary care and mental health in emerging adulthood. In addition to her private practice, Dr. Park currently works as a per diem family medicine physician at Kaiser Permanente in Orange County, and consultant psychiatrist for [Council on Aging](#).

## VIRTUAL POSTER PRESENTATION ABSTRACTS

*Organized in alphabetical order by presenter last name*

*\*Denotes the presenter*

View the Virtual Poster Presentations online:  
[www.ocwomenshealthsummit.org/poster-presentations](http://www.ocwomenshealthsummit.org/poster-presentations)

### POSTER 1

#### **Sexual Assault Nurse Examiner Programs and Their Impact on Prosecutorial Outcomes in the United States**

\***Shannon Carey**, BSN, RN, CEN, Clinical Nurse Coordinator, School of Nursing, UC Irvine

**Background & Significance:** Victims of sexual assault require a highly specialized type of support in the immediate hours following the violent crime that traditional emergency department settings do not provide. This support is found at the complicated intersection of healthcare, public health safety and the judicial system and is reflected in the multifaceted field of the sexual assault nurse examiner (SANE). Sexual assault nurse examiners (SANEs) are registered nurses with expert training in collecting forensic evidence, assessing, treating and compassionately caring for patients who have experienced sexual assault.

**Methods:** This paper reviews 3 robust quasi-experimentally designed studies on the effectiveness of SANE programs on prosecutorial outcomes. The reviewed studies support the statistically significant impact that SANEs have on the prosecutorial rate and improved case progression through the judicial system.

**Findings & Implications for Women's Health:** The reviewed studies support the statistically significant impact that SANEs have on the prosecutorial rate and improved case progression through the judicial system. As registered nurses, advocacy for the highest quality of healthcare, especially in issues of human rights violations, is part of the ethical responsibilities of nurses. From this literature review it is clear more research is needed to improve methodologies in order to promote implementation of SANE programs nationally as the gold standard clinical practice for post-sexual assault victim care.



### References:

Ahrens, C. E., Campbell, R., Wasco, S. M., Aponte, G., Grubstein, L., & Davidson, W. S. (2000). Sexual Assault Nurse Examiner (SANE) Programs Alternative Systems for Service Delivery for Sexual Assault Victims. *Journal of Interpersonal Violence*, 15(9), 921-943.

Campbell, R., Patterson, D., & Bybee, D. (2012). Prosecution of adult sexual assault cases a longitudinal analysis of the impact of a sexual assault nurse examiner program. *Violence Against Women*, 18(2), 223-244.

Campbell, R., Patterson, D., & Lichty, L. F. (2005). The effectiveness of sexual assault nurse examiner (SANE) programs a review of psychological, medical, legal, and community outcomes. *Trauma, Violence, & Abuse*, 6(4), 313-329.

Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the “second rape” rape survivors' experiences with community service providers. *Journal of Interpersonal Violence*, 16(12), 1239-1259.

Littel, K. (2001). Sexual assault nurse examiner (SANE) programs: Improving the community response to sexual assault victims. Washington DC: US Department of Justice, Office of Justice Programs, Office for Victims of Crime.

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## POSTER 2

### **Structural Violence: A concept analysis**

\***Claire Gilpin**, Nursing Student, Sue & Bill Gross School of Nursing, UC Irvine

**Background & Significance:** With roots often ascribed to the 1969 work of Johan Galtung, “Violence, Peace, and Peace Research,” the term structural violence can be thought of as violence perpetrated against individuals or groups where there is no direct “actor” committing the violence (Galtung, 1969). Explorations of structural violence help us understand how societal structures – social, political, economic, etc. and the intersections of social, cultural, and economic factors – create conditions that heighten individual’s or groups’ vulnerability to experiencing violence. Through research conducted by many scholars across disciplines, from the social sciences to the health sciences, it has become evident that exposure to the effects of structural violence should be thought of as a social determinant of health. The effects of structural violence are particularly damaging to women on a global stage, from heightened risk of exposure to intimate partner violence among women from lower socioeconomic castes in India, to higher rates of maternal and infant death among African American women in California, to barriers to accessing HIV-related care for lesbian, bisexual, transgender, and queer (LBTQ) women (California Health Care Foundation, 2019; Krishnan, 2005; Logie,

## POSTER ABSTRACTS

James, Tharao, and Loutfy, 2012). Enhancing understanding of structural violence among women's health care providers will be beneficial for patients, both in Orange County and beyond. We will present a brief concept analysis of structural violence in the context of women's healthcare with the goal of enhancing understanding of this important concept for women's healthcare providers in Orange County.

**Methods:** The concept analysis was conducted using methods from Walker and Avant (2019).

**Findings & Implications for Women's Health:** The effects of structural violence have an impact on women's health and can be viewed as a social determinant of health. Structural violence may create barriers to overall health and wellbeing and to accessing care for women.

### References:

Galtung, J. (1969). Violence, peace, and peace research. *Journal of peace research*, 6(3), 167-191.

Joynt, J. (2019). Maternity Care in California A Bundle of Data. California Health Care Foundation. Retrieved from <https://www.chcf.org/wp-content/uploads/2019/11/MaternityCareCAAlmanac2019.pdf>

Krishnan, S. (2005). Do structural inequalities contribute to marital violence? Ethnographic evidence from rural South India. *Violence against women*, 11(6), 759-775.

Logie, C. H., James, L., Tharao, W., & Loutfy, M. R. (2012). "We don't exist": a qualitative study of marginalization experienced by HIVpositive lesbian, bisexual, queer and transgender women in Toronto, Canada. *Journal of the International AIDS Society*, 15(2), 10-7448.

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## POSTER 3

### **Advancing Breast Health Equity for African American Women during the COVID-19 Pandemic**

\***Kristen Hobbs**, MPH, Program Evaluation, Susan G. Komen Global Headquarters

**Kim Johnson**, MD, Senior Director, African American Health Equity Initiative, Susan G. Komen Global Headquarters

**Stephanie Birkey Reffey**, PhD, Senior Director, Data Science & Impact, Susan G. Komen

**Theresa Spitzer Smith**, PhD, Director, African American Health Equity Initiative, Susan G. Komen

**Danielle Hosein**, MPH, Program Administrator, African American Health Equity Initiative, Susan G. Komen

**Karuna S. Chibber**, DrPh, Senior Consultant, Jon Snow, Inc.

**Naima Cozier**, MPH, Senior Consultant, Jon Snow, Inc.

**Terry Greene**, MS, Senior Environmental Health Specialist, Jon Snow, Inc.

**Background & Significance:** African American women in the Los Angeles and Orange County metropolitan area are 55% more likely to die of breast cancer and 22% more likely to be diagnosed at a later stage of breast cancer than their white counterparts. This is simply unacceptable to Susan G. Komen®. We have embarked on a landscape analysis to collect both quantitative and qualitative data to determine the systemic drivers of these disparities. Likewise, we understand that the same systemic drivers creating these breast cancer disparities are being perpetuated in the COVID-19 pandemic; a parallel and unfortunate truth.

**Methods:** The Komen African American Health Equity Initiative (AAHEI) team partnered with public health consultants from John Snow, Inc. (JSI) for this analysis. Secondary quantitative data were collected from publicly available public health sources. To compliment these data, the JSI team conducted six focus groups, including survivors, undiagnosed women and patient/community health navigators, two provider interviews and one patient/community navigator interviews, building a narrative to understand the systemic drivers of these disparities. Likewise, JSI conducted a thorough policy analysis of the local, state and federal policies at play that impact the systemic and social determinants of health.

**Findings:** Preliminary quantitative findings for the Los Angeles and Orange County metropolitan area show a markedly contrasting difference in both late-stage diagnosis and mortality rates among black and white women in the metropolitan area. Black women in Los Angeles county have an age-adjusted, per 100,000 late stage diagnosis rate of 48.6 as compared to that of white women at 42.1. Black women in Los Angeles county are also more likely to die of breast cancer at an age-adjusted rate of 30.9, as compared to the mortality rate of white women Los Angeles county at 20.4. Likewise, the age-adjusted late-stage diagnosis rate for black women in Orange county is 46.2, while the late-stage diagnosis rate for white women is 43.2. And lastly, which enumerates the most stark disparity, black women in Orange county die from breast cancer at a rate of 28.9, while white women die from breast cancer at a rate of 19. This glaring disparities underscore the need to advance breast health equity for African American women in the Los Angeles and Orange County metropolitan area.

**Implications for Women's Health:** This landscape analysis will support and inform the direction of community-led breast health equity interventions in the Los Angeles and Orange County metropolitan area.

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### POSTER 4

#### **Surveillance of Vaccine Adverse Events in Pregnant Women Reported to the Vaccine Adverse Events Reporting System (2010-2019)**

\***Salena Marie Preciado**, MS, PhD Student, Social Administrative Sciences, Chapman University School of Pharmacy

**Enrique Seoane-Vazquez**, PhD, Professor, Chapman University School of Pharmacy

**Rosa Rodriguez-Monguio**, PhD, MS, Director and Professor, UC San Francisco School of Pharmacy, Medication Outcomes Center

**Background & Significance:** Vaccination during pregnancy has the potential to protect the mother and infant against vaccine-preventable diseases. This study assesses the safety of vaccines administered to pregnant women by analyzing reports to the Vaccine Adverse Events Reporting System (VAERS) in the US from 2010-2019.

**Methods:** We conducted a review to identify pregnancy reports for women 12-44 years using text string searching for “preg” in the Medical Dictionary for Regulatory Activities (MedDRA) terms. Pregnancy-related AEs were categorized as serious and non-serious. We assessed reporting rates to characterize AEs by vaccine type and severity status. Proportional reporting ratios (PRR) were calculated for reported preferred terms to assess for disproportionately higher reporting of AEs. Signal criteria for disproportionality was set at  $PRR \geq 2$ , number of reports  $\geq 3$ .

**Findings:** VAERS received 3,846 reports for pregnant women. 1,042 (27%) mentioned a serious AE and 1,012 (26%) mentioned a pregnancy-related serious AE. Frequent reports of AEs were for human papillomavirus (n=955), tetanus toxoid, diphtheria toxoid and acellular pertussis (n=589), and varivax-varicella virus (n=467) vaccines. Pregnancy-related serious AEs included 862 spontaneous abortions, 292 miscarriages, 63 stillbirths, 51 preterm deliveries, 11 preterm labors, and 8 birth defects. Outcomes of serious AEs included 5 (0.1%) deaths, 36 (0.9%) life threatening, 892 (23%) emergency room visits, 223 (5.8%) hospitalization, and 42 (1.1%) disability. PRR screening criteria were met for a Tdap vaccine and preterm labor (PRR 3.1; 95%CI 1.7-5.8). No direct link of adverse events and vaccines were found for pregnant women.

**Implications for Women's Health:** Confounding variables such as prior medical conditions, reporting biases, and spontaneous reporting may be contributing to the reported vaccine adverse events and no vaccine safety concerns were found among pregnant women. This review of VAERS reports confirms the safety of vaccination during pregnancy.

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## POSTER 5

### Negative Expectancy Violation in NICU Mothers

\***Sarah Rodrigues**, BSN, RN, PhD student and Clinical Nurse II, Sue & Bill Gross School of Nursing, UC Irvine

**Background & Significance:** NICU mothers are at increased risk for psychological distress (Treyvaud, 2019), which can negatively affect overall family functioning, mother–infant bonding, and lead to adverse infant and childhood developmental outcomes (Woodward et al., 2014). However, predicting which mothers are at greatest risk for experiencing high levels of distress during infant NICU hospitalization remains

challenging. Negative expectancy violation (NEV) is a construct offering broad predictive potential in this population. Applying NEV to the NICU setting, mothers may be tasked with the sudden need to revise prenatal expectations of the infant and parenting to match the postpartum reality, resulting in arousal and cognitive appraisals of violation (Flykt, 2014). NEV is congruent with the literature reporting NICU-related maternal distress across a range of domains and has the potential to encompass NICU maternal experiences broadly.

**Methods:** The objective of this study is to construct a retrospective measure which captures the construct of NEV in NICU mothers. Qualitative interviews will be conducted with mothers of infants post-NICU discharge. Maternal narratives will be coded to elucidate themes of negative EV in this population, which will be used to inform development of a preliminary retrospective measure of NEV. This measure will subsequently undergo evaluation and rating by experts and pilot testing in a sample of NICU mothers.

**Implications for Women's Health:** Reconceptualizing NICU-related maternal distress through the lens of NEV may offer a pragmatic path forward in identifying mothers at risk for experiencing a more stressful trajectory during infant NICU hospitalization, ultimately improving long-term family and child outcomes in this population.

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## POSTER 6

### **Understanding the Acculturation of South Asian Immigrant Women in the United States**

\***Payal Sawhney**, MSW, MHA, LISW-S, LCSW, President, SAAHAS for Cause  
**Kishen Bera**, Student Intern, SAAHAS for Cause  
**Fareen Najeeb**, Student Intern, SAAHAS for Cause  
**Mrunmayee Gujar**, Clinical Research Coordinator, SAAHAS for Cause

**Background & Significance:** The United States has the largest immigrant population in the world with over 61.6 million immigrants (Center for Immigration Studies). There are now over 5 million South Asians who call the U.S. home. Women comprise a large portion of the immigrated South Asian population in the U.S. The disparity between the South Asian and American culture creates the need to acculturate upon migration to the U.S. Acculturation is defined as a process of social, financial, psychological, and cultural change that stems from the balancing of two cultures (home country and host country) while adapting to the prevailing culture of the society. South Asian women Immigrants have been seen to be most affected by the acculturation process as they have additional responsibility, compared to south Asian men, of being primary transmitters of culture, values, and traditions to their families and have the hardest time adapting to the host county's cultural values (Pew Research Center). Therefore, the major focus of this study is understanding the acculturation of first-generation South Asians immigrant women in light of the Berry' bidimensional model and to explore various socioeconomic and demographic correlates of the sample. We are interested in seeing what portion of the population has had an easy or difficult time acculturating into the American culture. Common acculturation indicators include attitudes about the practice of common South Asian traditions in the U.S., types of food eaten at home and in restaurants, and ethnic composition of one's social network. This study will be administered through the Clinicians, trained professionals, and interning students. We understand that there have been surveys looking at immigrants acculturating to the U.S., however very few have been performed directly looking at first-generation South Asians immigrant women.

**Methods:** Data will be collected using a web-based acculturation survey which comprises a socio-demographic form and an 18-question acculturation survey. The sample will be recruited through various web portals that serve the South Asian women population. Since this study aims at understanding specific research questions, purposive sampling will be used as the criteria for the selection of respondents are being a first-generation South Asian woman living in the U.S. and ages above 18. Berry's Model of Acculturation that describes the acculturation process in 4 different ways: Assimilation, Integration, Separation, and Marginalization will be used to understand the acculturation strategies. Additionally, we will study the key factors contributing to the integration strategy of the South Asian immigrant women. The results will be analyzed and discussed using descriptive statistics and latent class analysis.

**Findings:** In our study we surveyed 67 women and noticed that 91% of the respondents were married, with 46% unemployed and 41% employed. The most common age range of participants was between 40 and 50 years old. In addition, most of the participants (46%) migrated to the United States at the youngest age, between 18-25 years old. Through Latent Class Analysis we found that only separation, integration, and assimilation strategies were used by the participants, while marginalization was not statistically significant. 30% of the participants adopted the separation strategy, 25 % adopted the Assimilation strategy. The most common acculturation strategy used was integration at 44.% of the time. Married women who are educated are most likely to adopt the integration strategy of acculturation. Acculturated women who felt very comfortable visiting their physician for physical or mental health



needs mostly fell under the integration strategy. Additionally women with an education level greater than a master's degree appear to be well integrated. Participants living with spouses and kids appear to be better integrated (N=35) and are more likely to seek professional help. Results will continue to be discussed in the light of women's marital, educational, visa, and employment status, along with the acculturative strategy most adopted by them.

**Implications for Women's Health:** This research is a part of a long-term project which is intended to lay the groundwork for future research on acculturation and mental health among South Asian immigrants in the U.S. The findings of this research will help develop a framework and conceptual model for women's mental health and domestic violence prevention program.

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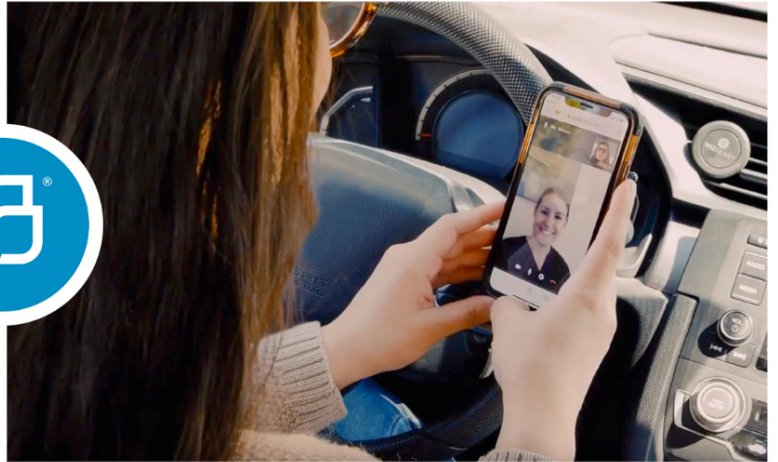
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**INDEPENDENT CONSULTANT**

**JACQUELINE TRAN, DrPH, MPH**  
Independent Consultant

The **Orange County Women's Health Project** is a fiscally-sponsored project of Charitable Ventures. Launched in 2011, our mission is to advance women's health in Orange County through education, collaboration and advocacy.