

**VOLUME 2 – SUMMER 2023**

# **GLOBAL DEVELOPMENT LAB**

**JOURNAL**

**2022-2023**



global development lab

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JOURNAL  
2022-2023**

**VOLUME 2**



global development lab

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# ACKNOWLEDGEMENTS

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# NOTE FROM THE EDITOR



*Dear Reader,*

The global development lab is a place for learning, innovation, and discovery. This journal is a representation of the hard work and passion Project Incubator promotes. Our 2022–23 director of project incubator, Seadona Taloma, created a curriculum that not only supported students through their research but prompted out of the box thinking. Project Incubator is a community, while competing against one another, the group was still supportive of one another. The UCLA Global Development Lab is doing work unlike any other, enjoy the journal. A congratulations is in order to the REACH project for earning a \$3000 grant at our annual showcase.

*Olivia Cervantes Lamas*

**2023 EDITOR OF THE  
JOURNAL**

## UCLA GLOBAL DEVELOPMENT LAB PROJECT PROPOSAL

**Project Title:** Reproductive Education and Community Health (REACH)

**Location:** Los Angeles, California

**Presentors:** Nina Parsee and Veronica Reyes

### **I. Introduction**

The intersectionality between sexual health and education is rarely addressed despite its lasting effects. Limited knowledge about this affair can cause grave repercussions on individuals' lives, amplifying systemic issues such as generational poverty and social immobility. Lack of access to sexual health education typically impacts students of color and those of lower socioeconomic backgrounds at significantly higher rates. As a result of such academic injustice, this select group is often at a higher risk of acquiring sexually transmitted infections (STIs), unplanned pregnancies, and other adverse health outcomes. This deplorable lack of basic education prompted us to contact local community leaders, stakeholders, and experts to best inform us on the realities regarding access to health necessities throughout the greater Los Angeles area. Through extensive research, we narrowed down our target population to Latinx 7th-12th graders in underserved regions of Central Los Angeles, where sexual health education is often overlooked. In contacting several middle and high school educators and administrators in the area, we developed a partnership with the five schools comprising of the Camino Nuevo Charter Academy. Thus, we sought to discover the following: What is the impact of an engaging, informative, and inclusive sex education curriculum in public schools in underserved communities? This paper will reflect on our findings, detailing our research, implemented project, future goals, and a SWOT analysis highlighting the current strengths, weaknesses, opportunities, and threats we have identified.

### **II. Research Overview**

In tackling this critical issue, we identified a lack of sexual health education in Los Angeles public schools, despite a California mandate requiring it. The 2016 California Healthy Youth Act mandates "comprehensive sexual health education that is medically accurate, unbiased to any sex, gender, sexual orientation, race or ethnicity, and age-appropriate, among other criteria" (Parnes et al., 2020). As a result of this policy, every student must be exposed to

mandate-compliant curricula a minimum of two times throughout middle school and one time during high school. However, the law is underfunded, which leads to an absence of proper measurement of schools' compliance. Due to the shocking lack of state monitoring for this policy, many schools do not fully comply with this legislation, particularly public schools residing in neighborhoods with financial restrictions. Another reason is due to pushback against curricula, such as Teen Talk.

Teen Talk is a nationally acclaimed Youth Health Education Program. Their curriculum for sexual health education has been used by numerous academic institutions, given that it relays objective and comprehensive information that is digestible and age-appropriate. However, implementing sexual health education courses is hindered by pushback from parents who believe that curricula such as 'Teen Talk' promote LGBTQIA+ ideology, sexual pleasure, and abortion access (Conejo Guardian, 2021). As such, "the implementation and distribution of CHYA-compliant curricula and resources is challenging due to poorly communicated policy requirements, political pushback, and the absence of a statewide compliance-tracking system" (Parnes et al., 2020). Our research focuses on the effectiveness of such a curriculum on health outcomes, the disruption of generational cycles, and the significance of representation in conversations about identity.

According to the CDC, the number of fertile women in California ages 15 to 44 is around eight million. Of these individuals, in 2010, 393,000 incurred unintended pregnancies (Reproductive Health, 2023). Similarly, among sexually active students nationwide, only 53.8% used a condom during their latest sexual intercourse encounter (Kann et al., 2017). Sexual health education drastically impacts such statistics, acting as a deterrent, affecting protective behaviors, and improving health outcomes. In addition, many are unaware that minors in California can consent to medical care that aids treatment or prevention of pregnancy (California Family Code Section 6925). To better inform students on their rights and promote health understanding, it is necessary that schools provide sex education curricula. The Health programs in schools, if any, are inadequate in addressing student exploration on topics such as sex, interpersonal relationships, and identity. While there are numerous benefits of school-based sexual health education, many existing sexual risk reduction programs are ineffective and show minimal improvement in student knowledge and receptiveness (Szucs 2022).



### **III. Needs Assessment**

From our passion and research regarding sexual and reproductive health justice, we found that many schools with predominantly BIPOC youth do not have a sexual education program. As such, they are not in compliance with the California mandate. To better inform our next steps we met with Monika, a graduate student at UCLA who specializes in public health. She highlighted the importance of building trust and spending quality time in the communities we hoped to serve so that individuals would view us as trustworthy confidants. In an effort to understand community needs, we contacted several academic institutions and met with the Director of Student Experience for Camino Nuevo Charter Academy. She informed us that a group through the USC School of Medicine called Healthy Choices, Healthy Lives conducted sex education and reproductive health courses for the students at the schools she supervises. However, this service stopped at the start of the COVID-19 pandemic, and the group has been unwilling to continue since.

Sex education is crucial in developing social and emotional competency, skills imperative to students' health and well-being. These lessons are "one of the most appropriate venues for teaching interpersonal relationship skills in school" (Guanci, 2022). By receiving medically accurate information and the tools to strengthen relationships, students become equipped with the knowledge to responsibly make their own decisions regarding sexuality. In addition, by increasing exposure to such topics, students develop an awareness of consent, local clinical services, sexual safety, pregnancy, STI prevention, and their personal values. It also enables tolerance by reducing misinformation and increasing communication between partners and with trusted adults.

Later meeting with Tonya Moore, a Los Angeles County Office of Education representative, we were informed that students are more receptive to peer-led rather than adult-led sex education. Peer-led relationships can often be more relatable and easier to develop personal connection- a necessity during such conversations. Given this knowledge, we found that university students would be better suited to establish such connections with middle and high school students rather than their parents or teachers.

Despite the law, there is a significant lack of sex education courses for Los Angeles students residing in low-income neighborhoods and a strong need for third-party services. These issues of inequality in who receives access to sex education in Los Angeles are exacerbated in

Latinx neighborhoods, particularly among English-learning students or those who lack fluency and literacy.

Due to a lack of time, resources, and financial means, countless schools do not provide students with the resources, information, and tools to handle this tumultuous time in their lives. To have trained education professionals, schools would need to set aside a full day of training for teachers. According to one school liaison, this is problematic for the schools' schedules, budgets, and work sustainability. Furthermore, many students rely on the free lunch program, so closing for faculty training deprives children of meals.

In response to this dire situation, we created a student-led organization called REACH (Reproductive Education and Community Health). Our mission is to promote equity by facilitating sexual health education classes for middle and high school students. A testimony from our liaison, the Director of Student Experience, reads, "Having REACH come to facilitate sex education has helped our organization because we could not have otherwise offered the curriculum this year."

#### **IV. Project Description**

We utilized comprehensive research, interviews, and a desire for firsthand data to develop a framework for bridging this gap in the education system. Our partnership with Camino Nuevo Charter Academy established a Memorandum of Understanding (MOU). This written agreement outlines the ways in which both parties collaborate to “provide students attending Camino Nuevo Charter Academy with a Sexual Education course.” For one year, starting on April 6th, 2023, both parties agree to certain Objectives and Responsibilities under legal compliance with California state law. In order to be cautious of our affiliation with UCLA and its reputation, there is also a clause that protects us from any liability claims. We will extend this MOU until the end of the 2023-24 school year.

Then commenced two weeks of recruiting sexual health educators: making announcements in lectures, presenting slides to student organizations, designing a flier to disseminate on bruinwalk, and emailing promotional materials to department chairs to share in weekly newsletters. We targeted students with majors relating to public health, education, and community development. Our project not only helps the schools and students affected, but also our UCLA volunteers by providing educator skills, public-speaking experience, and volunteer

hours. Consequently, 15+ UCLA students were trained by a Los Angeles County Office of Education (LACOE) representative on the state-approved Teen Talk curriculum. We provided refreshments for the 9:00AM-3:00PM training that prepared educators for adolescent student questions, behavior, and discussions. We are in contact with the LACOE representative to schedule one quarterly training to onboard new educators next school year.

Our first day on-site was April 20th. Over one month, we have recruited over 30 sexual health educators to send to school campuses and gathered data on roughly 600 Los Angeles charter school students. Our last day will be June 6th. In 48 days, REACH educated five schools on twelve lessons. Doing so required coordinating school bells and testing schedules with the availability of educators, ensuring transportation for each pair, and maintaining the quality of education. Thus, we laid the groundwork for a successful sexual education facilitation program. We created a Slack workspace to communicate weekly meetings, scheduling, and organization policies. Members are able to coordinate logistics with their site partner and notify leadership of any scheduling conflicts. During weekly meetings, we review the curriculum content for the upcoming week, reflect on recent teaching experiences, and prepare answers to anonymous student questions.

REACH is a project that promotes a safe and educational environment to learn about sexual health. Our educators teach comprehensive knowledge and skills for making and implementing healthy decisions about sexuality. Below is the scan of the Table of Contents of the Teen Talk curriculum:

Session 1: Introduction, Values Clarification, Parent Communication and Resources.....	3
Session 2: Sexual and Reproductive Anatomy .....	35
Session 3: Gender and Sexual Identities.....	77
Session 4: Not Having Sex: Abstinence .....	93
Session 5: Birth Control.....	119
Session 6: Pregnancy Options.....	149
Session 7: Sexually Transmitted Infections.....	159
Section 8: Relationships .....	193
Session 9: Body Image and the Media.....	207
Session 10: Sexual Violence Prevention.....	225
Session 11: Communication and Decision Making.....	239
Session 12: Review.....	273
Additional Activities .....	301

We used two Teen Talk curricula: one designed for high schoolers and one for 7th-8th graders. Both are medically accurate, free of racial and ethnic biases, and designed to comply with the California Education Code and California Health Education Content Standards (Teen Talk MS, 2019). The lessons are consistent with youth culture today, specifically those in diverse racial or ethnic groups (Teen Talk MS, 2019). They also incorporate Social and Emotional Learning (SEL), an approach that aims to develop students’ ability to understand and manage their emotions and social lives (Elias, 1997). We provide students with opportunities to build emotional competence by emphasizing respect for all identities and discussing healthy relationships through the curriculum (Teen Talk MS, 2019). Our educators promote mixed-gender groups due to the benefits of helping students practice effective communication among different genders. We are able to reuse the Teen Talk lesson plans for next school year.

**V. Stakeholder Map**

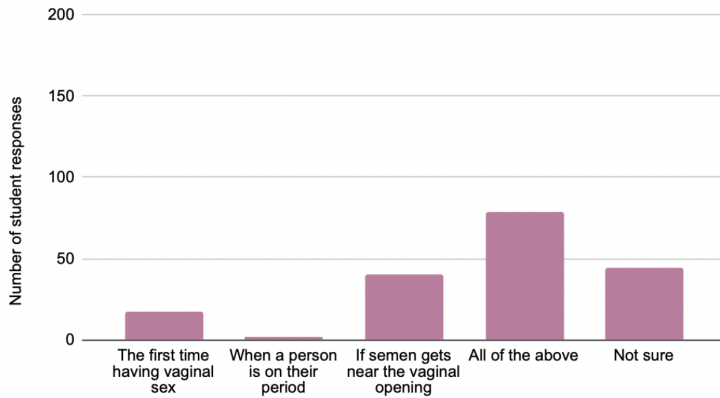
	<b>High Influence</b>		
<b>Low Interest</b>	<u>Keep Satisfied</u> <ul style="list-style-type: none"> <li>● Mentors</li> <li>● Contacts for expansion</li> <li>● Policy makers and legislators</li> <li>● Potential investors/donors</li> <li>● Los Angeles County Office of Education</li> </ul>	<u>Manage Closely</u> <ul style="list-style-type: none"> <li>● School administrators</li> <li>● School partner liaisons</li> <li>● Teachers and school faculty</li> <li>● REACH Volunteers</li> </ul>	<b>High Interest</b>
	<u>Monitor</u> <ul style="list-style-type: none"> <li>● Students</li> <li>● Teen Talk</li> </ul>	<u>Keep Informed</u> <ul style="list-style-type: none"> <li>● Parents</li> <li>● Global Development Lab</li> </ul>	
	<b>Low Influence</b>		

## VI. Impact Evaluation

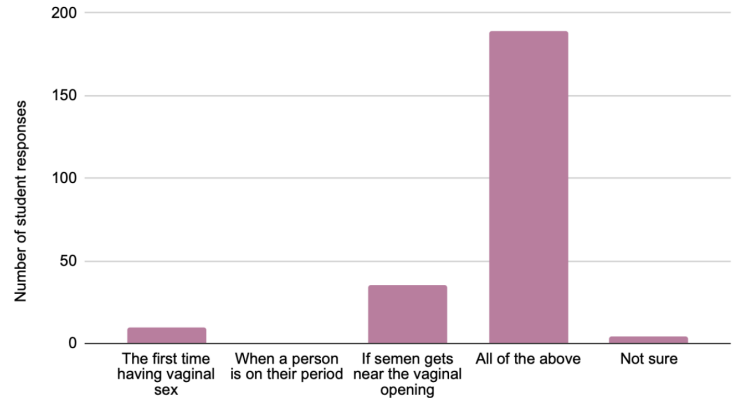
Prior to teaching the sex education curriculum, students took a pre-assessment testing their initial knowledge of sexual health and their level of comfortability talking about the material. A range of personal to factual questions were asked, and the results were shocking. A trend was shown throughout the questions, displaying that most students were “Not Sure” of most information sexual or reproductive health-related. We decided to highlight two questions indicative of their knowledge disparity regarding basic anatomy and pregnancy. In asking where people urinate from, over a hundred students were unsure, while countless others responded incorrectly. Similarly, more than half of the students were unaware of the different ways of getting pregnant or impregnating an individual.

After conducting all twelve lessons shared by Teen Talk, we re-evaluated the students, offering them a post-assessment with the same questions to test whether their knowledge had improved. The results showed immense improvement, an indicative factor of REACH’s success.

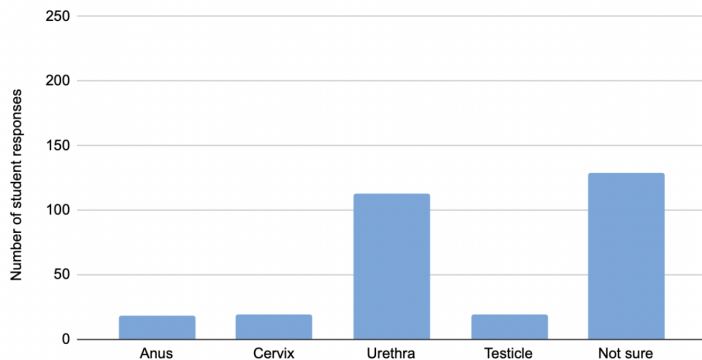
**(PRE-TEST): Is it possible to get pregnant or get someone pregnant:**



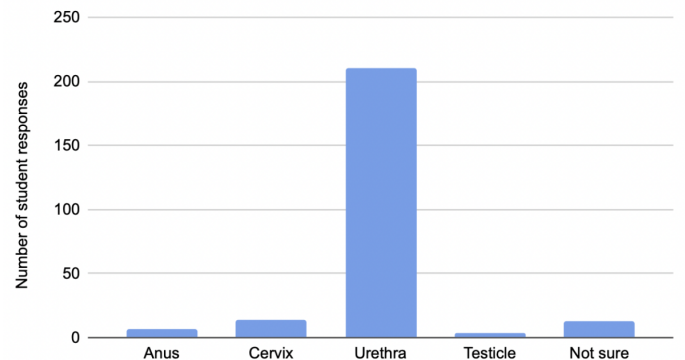
**(POST-TEST): Is it possible to get pregnant or get someone pregnant:**



**(PRE-TEST): People urinate from which opening?**



**(POST-TEST): People urinate from which opening?**



Along with quantitative data, we gathered feedback from the schools and testimonials from our volunteers regarding their firsthand experience. Frederick Keith, one sexual health educator, says, “With REACH, we ensure that the information taught is non-judgmental, medically accurate, and age appropriate. These classes give students the opportunity to ask questions about themselves and their relationship with others.” Other members discuss making connections with students and the fulfillment in watching them grow. Furthermore, one survey response from a teacher reads:

“The presenters were engaging and related well with students. There were two presenters who were even able to do their own Spanish translations. I really liked how they had activities to engage students.”

## **VII. SWOT Analysis**

Having executed the deployment of UCLA students to charter school campuses and the completion of the curriculum, we have a great understanding of the program's strengths, weaknesses, opportunities, and threats. Firstly, we distinguish ourselves from other research by teaching these essential topics ourselves and experiencing the impact on students firsthand. We connect with the students by answering their questions and relating to them on a human level. Furthermore, to ensure that all of our students are being reached and considering our target population, the Teen Talk curriculum has Spanish versions of each PowerPoint, handout, and statement. We ensure Spanish handouts are printed for elementary English learners, and two of our Spanish-speaking members have conducted lessons in Spanish when needed.

Our greatest weakness is the lack of precedent. Due to the urgency with which we needed to fulfill the need for a sex education program, there were challenges we encountered in coordinating with different entities and organizing logistics. For example, dynamic volunteer schedules mean that students do not see the same educator each lesson. Familiarity and trust have proven effective in reaching students and teaching sexual health. Unfortunately, some classes could not forge this trust with a different educator teaching each lesson. Knowing school schedules in advance will allow us to assign lesson times to educators during which they are available weekly. Moreover, not being a student-sanctioned club presented many barriers: struggle with room bookings for training and weekly meetings, no dependable transportation, and lack of funding. Despite these weaknesses, we have the benefit of identifying them and knowing how to address them next school year.

For instance, we plan to apply to Student Organizations, Leadership, and Engagement (SOLE) on the UCLA campus. This will open up the opportunity to receive the benefits of UCLA organizations associated with SOLE. Using campus resources, we can connect with departments such as UCLA ResLife Publicity in order to spread fliers and table tents across the residential halls during our recruitment period. Furthermore, there is opportunity to further involve the affected community by having local volunteers train and teach, rather than just university students. As for further tangible change, we plan to connect with California legislators and policymakers to work to fund the mandate and implement measuring systems of school compliance.

Due to the controversy surrounding sex education implementation in schools, political pushback could threaten our progress. However, the demand for a sexual health education program in schools is greater. A larger threat is the lack of funding and revenue that could halt the meeting of this demand. Without a dependable source of funding, solely out-of-pocket expenditures can limit expansion and sustainability. Additionally, external programs are easier to implement in charter schools. We may run into issues of liability and insurance when expanding to non-charter public schools.

## **VIII. Sustainability Plan**

Since kickstarting this project in April, REACH has grown and expanded. Our organization curated a Board of Directors to facilitate the logistics, content, and marketing for the success of the sexual education facilitation throughout the schools we serve. In the coming years, we plan to expand the scope and role of the positions as our project grows simultaneously, potentially refining and adding to the current Board of Directors. This will ensure the continuity and success of the program going forward. In addition, we intend to expand the scope of our work to include more school partnerships, given the vast number of academic institutions currently failing to uphold the statewide mandate requiring sexual health education for middle and high school students. To expand our network, we will recruit more students from UCLA while forming new university campus chapters, beginning with our contacts at USC. REACH is active on Instagram (@reachucla) and LinkedIn. On these platforms, REACH shares success stories of educating students and introduces viewers to our organization. We will disseminate our research on access to reproductive and sexual health education in California to gauge media

awareness and recruit more volunteers. Hence, we will have the capacity to partner with more schools and educate more students.

Additionally, we would like to institute a mentorship program between UCLA students and those at the middle and high schools we partner with to offer emotional and social support. In doing so, both sets of students will foster relationships with one another, forging a more profound connection and allowing for more meaningful conversations. Furthermore, the university students will serve as guides offering advice regarding the college application process while answering sexual and reproductive health questions students may have. Our current engagement exposes that few students, if any, have resources or individuals to seek assistance from or have such conversations with. In imposing this mentorship program, the goal is to bridge that gap. Finally, we aim to become a non-profit and school-sanctioned club next year to sustain our growth and development. As such, we hope to receive further funding and support from AIESEC, UCLA, and external grants.

We intend on pursuing further research throughout Los Angeles to see whether a relationship exists between the quality of sexual health education individuals receive and their health outcomes. We aim to use this data as evidence for policy change and the importance of sexual health education for young people. Through these efforts, we hope to expand the direction and magnitude of our project, working alongside more schools lacking sexual health education to expand the breadth of our reach.

## **IX. Operational Budget**



Item	Annual Cost (\$)	Reasoning
Gas	180	The fuel cost of an average car based on a 10-mile trip distance to downtown LA, average fuel efficiency of 25 miles per gallon, and Westwood gas price of \$5.10 per gallon amounted to a fuel cost of \$2.00 per trip. Hence, one round-trip to a school is \$4.00. Based on 45 trips driven using cars of members this year, we anticipate gas expenses of \$180 next year.
Uber	600	The average cost of a roundtrip Uber ride, based on this year's expenses, amounts to \$60.00. Based on the 10 roundtrip Uber rides ordered this year, we anticipate Uber costs of \$600. The projected total of \$780 on transportation is based on the number of trips and average prices this year.
Expansion	160	The average cost of transportation of commuting to one of the five schools is \$160. This budgets for at least one future partnership with a school in Los Angeles.
<b>Transportation Total Costs</b>	<b>940</b>	We would consider public transit buses as a method of transportation, which would significantly lower costs, but are discouraged to do so because of unreliability. Another potential transportation cost is money for UCLA campus parking spots or parking passes for greater opportunity for drivers to use their personal cars.
Training	240	The training with LACOE required \$80 of expenses on refreshments. We plan to conduct this training once per quarter.
Anonymous Question Materials	130	Our lesson plan incorporates a component that allows students to express themselves

		anonymously: The Anonymous Question Box. This requires index cards on which we encourage students to always write <i>anything</i> down and drop it into the box. With 30 students per class, 218 classes total (number of class periods x 12 lessons), and projected Amazon prices, we anticipate spending \$130.00.
Sample Birth Control Methods	175	Our Lesson 5 on Birth Control includes an interactive activity that involves props- the pill, patch, implant, and more. One Birth Control Training Kit delivered from Planned Parenthood is \$175.00.
<b>Curriculum Materials Total</b>	<b>545</b>	
Fundraising	300	We plan to organize cost-effective fundraisers within \$300 of operating costs that net >\$1000, which will increase our budget and funding, allowing for further expansion and student club socials.
Unforeseen Circumstances	200	This will cover any extraneous, miscellaneous, or unexpected costs that may arise. For example, while printing lesson handouts are usually delegated to the schools, they are seldom unable to. In that case, one day's worth of printing comes out to \$200.00 at FedEx.
<b>Total Budget</b>	<b>1985</b>	This is based off of this year's partnership with Camino Nuevo Charter Academy. We can assume greater costs with expansion, such as more partnerships with other schools. To support expansion, we plan to apply to SOLE, become a UCLA student organization, and receive the corresponding funding. Similarly, we hope to receive funding through USAC and external grant applications.

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## **XI. Mentors**

Jeannette Sandoval- Director of Student Experience of Camino Nuevo Charter Academy  
Project Incubator and GDL

Joseph Wright

Tonya Moore and the LA County Office of Education

Camino Nuevo Charter Academy students, teachers, and administrators

## UCLA GLOBAL DEVELOPMENT LAB PROJECT PROPOSAL

**Project Title:** Medical Freedom NOW

**Location:** Los Angeles, California

**Presentors:** Branden Bohrnsen, Ben Chlarson

### **Introduction**

Medical debt is a crushing issue in the United States. 10.8% of adults in America, about 77 million people aged 19 and older, carried medical debt from 2017 to 2019, a figure which includes both the privately insured, and the state-supported.<sup>1</sup> It has been found that immigrants, especially the undocumented, are disproportionately affected, and face heightened consequences – illustrated by undocumented immigrants composing a supermajority of the uninsured population in California.<sup>2</sup> Medical debt has severe consequences: 14% of Americans with medical debt plan to file bankruptcy because of it, and a shocking 66.5% of bankruptcies are directly attributable to medical debt.<sup>3</sup> We chose this issue because Los Angeles has one of the largest immigrant populations in the country, and ameliorable barriers (namely linguistic, technological, informational) stand between vulnerable residents and the vast array of resources available to relieve medical debt. By connecting undocumented residents to debt relief resources, we can prevent these people from becoming pushed into bankruptcy and financial disarray, and work to reduce inequality gaps in Los Angeles. While the overarching problems surrounding medical care and inequality require public intervention at the macro-level, technology provides a number of innovative and hopeful opportunities that can be targeted directly towards those who need assistance now. Technology also allows us to overcome significant technology barriers – the vast majority of undocumented immigrants actively use a cell phone<sup>4</sup> – and language barriers – with many immigrants having limited English-speaking ability, technology allows us to provide services in a number of different languages. Our technical skills will allow us to leverage technology in bridging this gap and help deliver pertinent resources towards people burdened with medical debt. While there are existing financial relief programs at private and tertiary sector

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<sup>1</sup> Himmelstein, Dickman, McCormick. "Social Determinants of Health in the US" 1-13.

<sup>2</sup> De La Cruz-Viesca, Melany, et al. "The color of wealth in Los Angeles." 1-60.

<sup>3</sup> Himmelstein, Lawless, et al. "Medical Bankruptcy: Still Common Despite the Affordable Care Act" 431-33.

<sup>4</sup> Rhoades, Wenzel, et al. "No digital divide? Technology use among homeless adults, Journal of Social Distress and Homelessness" 158-66.

organizations dedicated to providing relief for victims of medical debt, we find that these efforts are limited in their scope, not well known, or not easily accessible to those that need the relief. Additionally, the available hospital programs are complicated, hard to access, or outright hidden, and the process can be greatly time-consuming during what may already be an emotionally taxing medical process. This gap in the services being provided for our target demographic provides an opportunity for us to develop a solution that can connect these available resources to the people who need them. By utilizing conditional logic technology, with less than ten questions, we can connect undocumented immigrants to resources (financial, medical, and legal) that relate directly to their struggles and eligibility criteria. This effectively eliminates the information barrier and the middleman between our target population and the help they need, while remaining conscious of our limited resources and the vast array of services already available. MedicalFreedomNOW is a necessary and justified intervention into this development issue, and fills a unique gap in the needs of the undocumented immigrant population.

### **Research Overview**

Just under 4 in 10 American adults, or about 77 million Americans aged 19 and older, have difficulty paying medical bills, have accrued medical debt, or both.<sup>5</sup> An estimate from June of 2020 found that 17.8% of individuals had medical debt and that the mean amount owed was \$429.<sup>6</sup> Medical debt can be defined in a myriad of ways, but for our purpose, we define medical debt as any money that is currently owed or debt that is carried due to medical or dental bills. This can include past due medical and dental bills for an individual or someone they care for, bills that they are unable to pay, bills that they are paying off over time, bills that have been put on a credit card and are being paid off over time, debt owed to family or friends who assisted in paying for medical or dental bills, and any other debt owed to a bank, collection agency, or any other lending institution as a result of medical or dental bills. The age demographic most affected by medical debt is working age adults between 19 and 64 years of age.<sup>7</sup> Those without insurance are also a significant population group, though adults with insurance are also commonly saddled with bills that their insurance does not cover or bills that they believed would be covered by insurance but is not due to a variety of reasons. Adults over 65 are typically covered by

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<sup>5</sup> Doty, Edwards, and Holmgren. "Seeing red" 1-12.

<sup>6</sup> Kluender, Mahoney, Wong, Yin. "Medical Debt in the US" 250-56.

<sup>7</sup> *ibid*

Medicare, but are often saddled with dental bills due to a lack of dental coverage in the standard Medicare plan. Undocumented immigrants are especially vulnerable to being uninsured, despite state government efforts to expand access, because of privacy concerns, lack of information, lack of affordability, or fear of interacting with the government.

While medical debt affects individuals across many spectrums of race, age, employment status, or insurance status, certain groups are disproportionately affected. Those with lower incomes are the most burdened. Medical debt was substantially higher in poor zip code income deciles, and 57% of adults with household incomes under \$40,000 say they have medical debt, 31% more than households with an income above \$90,000.<sup>8</sup> 72% of adults with healthcare debt say the bills that led to their debt were from a one-time or short-term medical expense, such as a single hospital visit or treatment for an accident – which are often unexpected – while about a quarter of adults (27%) say their medical debt built up over time, such as for treatment for a chronic illness.<sup>9</sup> About a third of adults with medical debt owe less than \$1,000 and 30% of all adults with health care debt say the incident that led to their debt occurred three or more years ago.<sup>10</sup> In Los Angeles, it was found that Mexicans suffer disproportionately from medical debt, primarily due to a lack of insurance, and also as the result of vastly lower savings and asset values than other racial groups in the region.<sup>11</sup> The median value of liquid assets for Mexicans and other Latinos in the Los Angeles region is zero dollars and \$7, respectively, whereas the median value of liquid assets for white households was \$110,000.<sup>12</sup> The stark economic inequality in Los Angeles across racial groups has serious implications regarding financial vulnerability and the ramifications of a medical, and therefore financial emergency. This not only implies financial hardship in the long term, but it also makes short-term financial disruption that much more disruptive. Mexican and Black households in the region were also less likely to have medical insurance which places them at a further increased likelihood of holding or eventually being saddled by medical debt.<sup>13</sup> Furthermore, the study notes that most nonwhite groups lack retirement and financial savings.<sup>14</sup> This lack of savings, health insurance, and liquid assets results in these groups being hit very hard by any financial emergencies. With few other options, most

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<sup>8</sup> *ibid*

<sup>9</sup> Lopes, Kearney, Montero, Hamel, Brodie. "Health Care Debt"

<sup>10</sup> *ibid*

<sup>11</sup> De La Cruz-Viesca, Melany, et al. "The color of wealth in Los Angeles." 1-60.

<sup>12</sup> *ibid*

<sup>13</sup> *ibid*

<sup>14</sup> *ibid*

have no choice but to incur debt in order to afford important, and sometimes life-saving healthcare. This once again illuminates not only the financial difficulty in the long term faced by victims of medical debt but also the complications it creates in everyday living. Any surprise financial hiccup can become a crisis for these groups.

The consequences of this crisis are severe. In the short-term, many have to cut back on household spending, making tradeoffs between spending on groceries and other household expenses in order to make payments on their debt, while others may have to skip paying certain bills altogether. In the long-term, it may force tough decisions to delay college, change housing arrangements, or completely push people out of their homes. A survey of Seattle's homeless population found that nearly all participants had debt in at least one area, with 2/3 of that group reporting medical debt.<sup>15</sup> Research is consistent that medical debt burden is a serious issue that forces people into bankruptcy, homelessness, or otherwise causes serious financial issues for households that can last for generations. 20% of people with medical debt believe they will never be able to pay it off, further perpetuating inequality and poverty.<sup>16</sup>

### **Needs Assessment**

Our target population, undocumented immigrants, face the brunt of medical debt burdens in Los Angeles County. In California, undocumented immigrants make up over half of all uninsured people, despite recent expansions in Medi-Cal that aim to resolve this. This indicates that there is a substantial information gap, or a persisting fear that prevents undocumented immigrants from seeking relief. There is evidence to justify both existing.

Undocumented immigrants exhibit a “sophisticated understanding” of risks regarding their legal status.<sup>17</sup> Because of this, undocumented immigrants limit their exposure to authorities, online and in-person. Our target population could benefit from a middleman that is not government-affiliated, that connects them to resources that are safe for undocumented immigrants to pursue. They might not know that, for example, immigrants who aren't legally present don't qualify for Covered California, but may for Medi-Cal. They may not be aware that My Health LA community clinics offer services to patients regardless of immigration status, and

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<sup>15</sup> Bielenberg, Futrell, Stover, Hagopian. “Presence of Any Medical Debt Associated With Two Additional Years of Homelessness in a Seattle Sample” 1-10.

<sup>16</sup> Lopes, Kearney, Montero, Hamel, Brodie. “Health Care Debt”

<sup>17</sup> Guberek, McDonald, Simioni, Mhaidli, Toyama, Schaub. “Keeping a Low Profile? Technology, Risk and Privacy among Undocumented Immigrants” 1-16.

that city legal services can help with concerns of overbilling. There are services that exist for undocumented immigrants, but information disclosure, perceived risk, and a desire to avoid contact with government authorities at local, state, and federal levels prevent them from obtaining potential benefits.

Undocumented technology habits also present a gap in needs being met. The undocumented population almost universally has access to cell phones and uses mobile data for access to the internet.<sup>18</sup> Their privacy, however, is at risk, and they fear being disclosed by others. Despite this, undocumented immigrants have a “limited sense” of digital privacy risks, and are not familiar with their options to be safer online. This indicates that service providers ought to be more transparent about their privacy practices, and the undocumented community would benefit from smaller-scale services with less of a commercial incentive to store and sell data.

### **Project Description**

What we have identified as being most necessary and feasible with our obtainable resources is a simple, free, and effective bridge between people and available resources. Government resources are vast, but websites are often difficult to navigate, especially for those with older technology, physical disabilities, or non-English native languages. Private and tertiary sector resources market themselves towards undocumented immigrants, but can benefit from increased visibility, especially for organizations with limited funding to devote to outreach. We have previously identified technology to be a consistently viable means to distributing services to even the most vulnerable populations, so by incorporating strong accessibility measures and ease-of-use, we believe in the power of leveraging technology to bridge this gap.

Our web-based service, MedicalFreedomNOW, is designed to best fit the needs of undocumented residents suffering from medical debt. Upon opening the website, users are presented with a brief introduction that links them to the questionnaire, designed to gauge what resources are available to them given their needs, financial situation, legal status, and more. In less than 10 questions, users can be matched with a list of resources that they can then save as a PDF for future access. Users may also visit a map, designed solely for this service using a free and open source mapping software, that includes the resources listed on the webpage. We

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<sup>18</sup> *ibid.*



currently do not allow users to only map what they have matched with on the questionnaire, but aim to implement this if the necessary financial resources are available in the future.

As we have designed the website with accessibility in mind, we have considered and effectively mediated technological, physical, and linguistic obstacles. With resource intensity in mind, we have designed the questionnaire from the ground-up with HTML and JavaScript to be incredibly lightweight. Our map works off of open-source mapping software so that we can save resources and further ease the distribution of information more effectively than through using a platform such as Google Maps. The visual design of the website is minimalistic, built with a colorblind-friendly palette and large buttons to accommodate those with vision loss. We currently support English, Spanish, and Mandarin, but hope to add more languages in the future if the resources are available to us. Given that over 15% of Angelenos speak an Asian, Pacific Islander, or Indo-European language first, this would be a useful addition to best reflect Los Angeles' diversity.<sup>19</sup>

Opportunities for partnership are vast. Given the free and convenient nature of our service, organizations that serve the undocumented population may benefit by allowing their recipients to use our service before seeking personalized consultation or other in-person, labor-intensive services. This allows for demand to be reduced in governmental buildings and private firms that risk requiring long wait times for issues that may be urgent, like immediate legal consultation regarding their stay in the United States. This may be even more impactful for university departments that serve the undocumented population, given issues of understaffing and undertraining that are present in high-turnover student employers. Employing this service to staff may accelerate the ability for them to provide adequate consultations to undocumented residents, allowing for more efficiency and more appointments being made available.

To summarize, Medical Freedom NOW is a web-based service that matches undocumented residents with available residents in accordance to their eligibility criteria and needs. Users may then locate these resources via our custom-built map, or save the results to their phone for future reference. With accessibility in mind, we prioritize making this service viable for those with barriers to technology, physical ability, and language. Opportunities for partnership are strong with firms that work directly with undocumented residents to streamline the consulting process for both the user and staff. With additional resources, we may expand the

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<sup>19</sup> UCLA Health Santa Monica Medical Center. "Community Health Needs Assessment 2022" 1-128.

service to more languages, streamline the questionnaire and map services to be better integrated, and fund outreach efforts to boost our visibility.

## Stakeholder Map

Stakeholder (Person, Organization, or Institution)	Level of Influence (Low, moderate, high)	Level of Interest/Impact (Low, moderate, high)	Desired manner of engagement (specific or N/A)	Possible objections and obstacles	Strategy to effectively engage/keep informed	Additional notes:
GDL	High	High	Funding and advising	Limited resources,	Consistency, Attendance, Doing	
Those with medical debt	Low	High	Engaging with the intervention	Limited time, limited resources,	Targeted advertising,	
Housing insecure	Low	High	Engaging with the intervention	Limited time, limited access to resources, possibly inconsistent internet access	Targeted advertising, possible cash incentive	Could assist with data collection if we encouraged surveys in the website
Homeless	Low	High	Engaging with the intervention and accessing resources	Insecure internet & phone access, limited data	Targeted advertising, phone hotline	
Undocumented population with medical debt	Low	High	Engaging with intervention and resource access	Language barrier, documentation barrier, limited resources,	Contact/connect with organizations that work on their behalf	Lifeline program requires ID
Immigrant/ Undocumented Advocate Programs/ Institutions	Moderate	High	Assisting us in outreach to immigrant populations, providing resources that we can connect people to	Busy, not their main focus	Reach out to them, involve them as resources	

Undocumented Law Clinics and Undocumented Programs	Medium	High	Assist in outreach, serve as a resource for relief that we can connect debt-burdened individuals with	Assist many individuals/households whose primary issue is not medical debt	Maintain relations with them and mutually provide each other as resources (they refer relevant individuals to our site and we refer to them as a resource for those needing legal recourse)	
RIP Medical Debt	Low	High	Assisting with outreach and providing resources	Their program isn't targeted to individuals	Maintain existing communication lines	
Medical Billing Advocates	Moderate	High	A resource we can connect our users to	Already have high	Reach out to them and get their consent to use them as a provided resource	
Professional Health Advocates	Moderate	High	A resource we can connect our users to	May already have a large workload	Reach out to them and get their consent to use them as a provided resource	
Hospital financial services	High	High	Want to connect our users to them and provide them instructions to engage with them effectively	Difficult; Complex	Stay up to date with contact information and the specific resources they offer	Can develop scripts that our users can utilize in their calls with Financial Services
LA DPH	High	Moderate	Utilize their resources	Resources can be bureaucratic	Stay up to date with policy and resources	
LA DHS	High	High	Utilize their resources	Resources can be bureaucratic	Stay up to date with policy and resources	

## **Impact Evaluation**

This project's impact can be measured through the following metrics: website visits, surveys completed, and resources engaged with. Each of these allows us to draw conclusions about what we can improve about the product – if we are struggling with website visits, we should improve our marketing and outreach strategies. If we struggle with surveys being started but not completed, there is a disconnect between users who perhaps struggle with the survey inputs or do not feel comfortable completing the survey. Finally, if we lack resource engagements, we should adjust our resource lists to better fit our target population's needs. These metrics should be reported via a dashboard on a quarterly basis, and we should aim for consistent growth per quarter and an effective usage of our findings.

The project's website also features a feedback form which does not require inputting an email or phone number, meaning that if any outstanding issues or questions persist, users can reach out with ease. This can serve to provide us feedback on the website functionality, but also missing features and resources that we can add to the website.

## **Sustainability Plan:**

The project aims to reach eventual self-sustainability, due to the web-based nature of the service and its low overhead costs. The most significant costs should be for marketing and outreach, which can safely fluctuate in response to our revenue streams and funding. Maintaining ownership of the domain and website amounts to \$30 per year, and all services on the website are free to operate. If the project introduces unintrusive on-site advertising, and garners enough traffic, the project can achieve full self-sufficiency – from here, any additional revenue can be dedicated entirely to outreach. Google's AdSense delivers approximately \$10 for every 1000 views, or about \$0.01 per view. If the project generates 500 clicks on its advertisements, it will generate approximately another \$10. These are optimistic goals, and so our budget is cautious of that: in the worst case scenario, where there is no revenue stream, the product can remain online for 10 years. We hope that as our outreach efforts increase and more people use and interact with the service, that we will be increasingly able to minimize the costs of running the website. Undocumented immigrants primarily use Facebook and Android cell phones day-to-day<sup>20</sup>, so our marketing plan primarily involves Facebook advertising directed towards people with Android-based devices. Upfront costs for advertising will ideally be covered by Global Development Lab funding, and it is our belief that the investment is safe and justified by our market research. The MedicalFreedomNOW team has also reached out to a number of local community organizations and university departments regarding how this service could be tailored for employee use in day-to-day interactions with the undocumented community, in an effort to better meet the needs of their clients. This word-of-mouth based marketing is free, but it will require active engagement and potential tweaking to the product to make it fit the

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<sup>20</sup> Guberek, McDonald, Simioni, Mhaidli, Toyama, Schaub. "Keeping a Low Profile?" 1-16.

needs of service providers. Ultimately, it is our hope that a well-researched marketing strategy, and active relationships with local partners, will be able to increase traffic to the website and engage local partners to be key stakeholders in the continued maintenance of this service.

## Operational Budget

Item	Annual Cost (\$)	Reasoning
Website Host and Domain Name Cost	30	Current annual cost of our site host and our domain name
Incurred Cost Reimbursement	20 (one-time cost)	Already incurred costs for purchasing website and domain name
<b>Website Total Costs</b>	<b>50</b>	
Facebook Marketing	500	Facebook is the most commonly used social media for our target audience. The average “Cost per Engagement” on Facebook is \$0.09, this allocation thus allows us to reach >5500 <i>engagements</i> and even more views
Search Engine Optimization (SEO)	200	For a full SEO package on freelance sites such as Fiverr it costs between \$150-200. SEO will cause our site to be higher in Google search results and thus increase our visibility and outreach, increasing the number of our users.
In-Person Marketing Events	250	Cover costs of transportation, pop-up tents, and other materials. In-person events will be beneficial to integrate us within communities as community-based organizations are a vital way of reaching our target population. This cost is a reasonable estimate for costs of gas and any other materials we may want to bring to events such as church-based gatherings or other community-organized events in order to market ourselves.
<b>Marketing and Outreach Total</b>	<b>950</b>	
Fundraising	400	Have previously organized cost-effective fundraisers within \$400 of operating costs that netted >\$1000 which will in turn increase our budget and funding, allowing for further marketing.
Extra Costs	250	This will cover any extraneous, miscellaneous, or unexpected costs that may arise. This amount can be used to supplement any area of our budget that may need it, or to fund an item that we had not initially planned for.
<b>Total Budget</b>	<b>1650</b>	

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## **Mentors:**

Dina Magnes - RIP Medical Debt

Min Zhou - Asian American Studies and Director

Jhon Luna - Coalition for Humane Immigrant Rights, Los Angeles



UCLA GLOBAL DEVELOPMENT LAB  
PROJECT PROPOSAL

**Project Title:** Connect 2 Equip

**Location:** Coachella Valley, California

**Presentors:** Melodie Ahn, Nathan Lee, Frank Woods

## I. Introduction

In 1938, the U.S. codified the Fair Labor Standards Act, establishing a legal framework purposed to ensure workers' rights and ethical employment guidelines. While this federal law notably reformed labor conditions, it deliberately exempted the agricultural sector. Consequently, it warranted the concept of agricultural exceptionalism, a prevailing phenomenon that enables agricultural employers to exercise oppressive labor practices while dodging any legal consequences. Relevant to this day, the intersection of agricultural exceptionalism and the racialized legal status of undocumented immigrants has constructed a framework in which many farm workers face barriers in accessing equitable and quality health care. For the purpose of this research paper, a specific focus was chosen to be placed on the agricultural worker community of Coachella, California.

Dubbed the "Valley of Contrasts," this region exists in a stark dichotomy of its annual frenzy surrounding Coachella Arts and Music Festival and the prevailing realities of impoverishment that are often overlooked and marginalized (Varela). The Eastern Coachella Valley (EVC) is home to over 12,000 agricultural workers, with a high proportion of Mexican immigrants. According to the article, "Essential Only as Labor: Coachella Valley Farmworkers during COVID-19," an estimated five to ten thousand migrants arrive to this region on a seasonal basis in search of work for specific harvests (Paiz 33). Despite the demographic and economic significance of the farmworker population, there is a clear lack of structure in place to support their needs and ensure their rights, especially in the healthcare field. Acknowledging this context, our team aims to determine how inadequate access to medical resources, both material and informational, can be addressed through a website designed to direct the needs of existing health clinics and non-profit organizations within Coachella Valley to resources offered by external organizations.

A SWOT analysis of our teams indicates the clarity and specificity of our project's focus region and population to be advantageous. Furthermore, our access to pre-existing organizations in the field that share our mission for farm workers' health allows us to collaborate and expand the reach of our project proposal. Strengths derived from our team members include our prior experience in graphic design, public speaking, legal work, and project planning. Conversely, some areas that will need to be supplemented outside our team include our lack of coding experience, the potential language and cultural barrier, and the lack of direct interaction with Coachella Valley's agricultural sector. We can find opportunities as undergraduate students at UCLA: access to UCLA Health, health-related student organizations, graduate med-students,

Spanish-speaking clubs, and professors with an expertise that align with our project's focus. In contrast, threats include the physical, and thus relational, distance between ourselves and our target population in Coachella Valley. Our strategy to mitigate these challenges involves conducting regular bi-monthly visits to Coachella Valley through student organization trips, along with consistent communication with our partner organizations situated closer to the area.

## **II. Research Overview**

According to research done by the University of Southern California and San Diego State University, 14% of the population within the Coachella Valley region, east of Los Angeles, are unauthorized, or undocumented migrant workers (HARC). 64% of the working class, aged 25 to 64, have no form of health insurance. California state law hosts a number of civil protections granted for undocumented and documented immigrants put in place because the government acknowledged the strength and importance of the undocumented workforce and their right to be protected. Similarly, since the COVID 19 pandemic, healthcare provisions and regulations have been altered on account of the growing migrant population in California. However, these protections and rights are not easily made known to those that benefit from them. Even though they are integral to California's agricultural output, the undocumented population in California faces severe healthcare risks that, when untreated, often lead to chronic illnesses. The cost of living within California has forced farmworkers into multi-family households, crammed together in unhealthy environments. With the cost of rent increasing, farmworkers in the Eastern Coachella Valley region have been hit hard, especially since their wages are already criminally low. Basic understanding of their healthcare provisions, access to proper equipment, well-equipped clinics and facilities, and clear knowledge of how to find the services they need would improve their current situations and offer a healthier environment to live and raise families.

Ensuring migrants are in touch and informed with their healthcare rights can provide clarity where there is confusion. Organizations and individuals are already working to help migrants, which further emphasizes the need to directly connect undocumented farm workers with services, equipment, and information that has been put in place to benefit them. One of the most difficult problems facing migrant workers in terms of healthcare is the inaccessibility to equipment such as wheelchairs, bandages, and other durable equipment that becomes necessary under labor intensive working conditions. In a study done by the International Journal of Environmental Research and Public Health, agricultural workers in the Eastern Coachella Valley are heavily exposed to "heat related illnesses, musculoskeletal ailments and injuries, skin disorders, respiratory illness, and trauma."

Multiple organizations already exist to supply free medical equipment to underserved clinics and individuals by utilizing hospitals as suppliers. Thousands of dollars worth of medical equipment is thrown away every year due to surplus. In the Los Angeles Area, organizations such as UCLA's Medical Aid Initiative and the Durable Medical Equipment Aid Society utilize donation-based supplies to redistribute to those in need. However, the Eastern Coachella Valley

represents a critical demographic of labor intensive farmworkers, 64% of which do not have health insurance, that are unable to access or even know about these organizations providing affordable services. According to the Community Health Needs Assessment of the Coachella Valley, “Farmworkers are one of the most vulnerable populations in the Coachella Valley, as they are often low paid and exposed to harsh work conditions, such as heatstroke and chemical exposure as well as physically demanding tasks and repetitive motion injuries. Farm workers often experience other disadvantages; for example, 73.7% are foreign-born” (HARC, 2020). Healthcare access and services are of the most important problems facing this population, and given the organizations already available, the accessibility and efficiency of utilizing these resources can have long term positive effects on the community as a whole.

### **III. Needs Assessment**

Our project’s target demographic is the agricultural workers and the families they support that are located in ECV. South of the city of Indio lie a string of California unincorporated towns with populations over 95% identified as Hispanic/Latino of any race, such as Thermal, Mecca, North Shore, and Oasis. These towns, along with the general population of this area, are without health insurance and face inadequate access to proper medical resources (HARC, 2020). This population includes a high demographic of Hispanic/Latino farmworkers and Mexican American immigrants. Due to the legal status of these towns, they lack the proper local government organization and are under the oversight of Riverside County’s Board of Supervisors. Although an unincorporated area, the Eastern Coachella Valley is “among California’s top regions for agricultural production” (Cheney, 2022). Because of the use of pesticides and other chemicals in agricultural production, many of these farmworkers experience higher rates of skin disease, respiratory illnesses, and vision problems (Cheney, 2022).

Inadequate access to healthcare facilities and overall resources is one of the gravest problems afflicting the farmworkers in the Eastern Coachella Valley. Despite recent changes to California State Law allocating greater resources and healthcare access to undocumented workers, much of this new information isn’t made easily accessible to this population. The disadvantages to healthcare access in regards to facilities, equipment, and insurance reveal an incredible amount of suffering and very little aid or help provided. Through a series of interviews conducted with Noë Montes, a photojournalist once active in the Eastern Coachella Valley with developed relationships with members of the resident population, healthcare access posed as one of the uniting factors affecting the population at large. As a result of transportation, economic status, and fear over legal consequences, many of the farmworkers within the valley struggle to receive basic remedies and first aid. Medical equipment such as masks, crutches, wheelchairs, cold packs, thermometers and more are just some of the resources that can help ease the burden of these communities.

The inclusion of mobile clinics and innovative care methods by medical practitioners alleviates many of the chronic and serious illnesses and afflictions of the population. However, the lack of centralized healthcare resources and information geared towards and presented

specifically for the farmworker population in the Eastern Coachella Valley presents a unique opportunity to uplift a community in a direct and efficient manner. By utilizing connections with UCLA and UC Davis medical organizations such as the Medical Aid Initiative and Second Breath (along with similar organizations operating within Southern California), connecting ECV's underserved medical clinics and community leaders would provide this population with access to free resources through a user-friendly, intuitive, and effortless website. Already, organizations such as those mentioned above have the capacity to attend to the needs of the Coachella Valley community, yet they lack the access and relations with the community centers and clinics.

#### **IV. Project Description**

##### *Executive summary:*

Our project, Connect 2 Equip, takes the form of a website with a dual purpose design to connect existing healthcare facilities and non-profit organizations in Coachella Valley with external entities that donate free medical equipment and to provide deliverables that present vital information regarding healthcare policies and health practices relevant to the farm workplace. The target users of this website are community organizations and healthcare clinics located in Coachella Valley, specifically the Eastern region where the agricultural sector is concentrated. This project recognizes the necessity of providing both tangible and informational medical resources in order to holistically meet the needs of the farmworker community of Coachella Valley. We consider our proposal to be a resourceful solution that efficiently addresses the healthcare needs of the Eastern Coachella Valley. Not only does it optimize the use of available resources, but it also concurrently addresses the significant issue of surplus supplies and medical waste common in America's hospitals.

We structured our project into three focal points: the Health Equipment Initiative, the Health Awareness Initiative, and the Community Engagement Initiative. The first two will be incorporated into our website and administered via the online platform. The last program will take the form of an on campus, student-led organization.

##### *Health Equipment Initiative:*

The Health Equipment Initiative seeks to consolidate access to organizations that operate in medical equipment donation via an online connecting system. We are in the process of forming partnerships with such organizations and have so far solidified collaborations with Second Breath and Medical Aid Initiative at UCLA. Our partner organizations will give us access to their medical equipment inventories. Based on the inventories, our team will create a master list of medical equipment that are generally held by these providers. Health clinics and community organizations in Coachella Valley will have access to a request form through the website and submit a wish list of medical equipment. Upon receiving a wish list, our team will

work to match the items on the list with the equipment that is available on the inventories of our partner organizations.

*Health Awareness Initiative:*

The latter component of the website is the Health Awareness Initiative, which is devoted to providing healthcare clinics and community centers access to printable and distributable infographics that aim to demystify policies surrounding Medi-Cal and Medi-Care as well as inform farm workers of health and occupational safety. Since it was reported in 2021 that 58% of the adult population were Spanish speakers, the graphics will be translated into Spanish (Census Reporter). The translation processes will be completed through a projected partnership with UCLA Spanish Club alongside the supervision of our team member Frank Woods, who has an academic background in Spanish. In order to verify the validity of the information provided on our graphics, our team will collaborate with Medical Aid Initiative at UCLA and a medical student at Second Breath and receive their continuous counsel of their expertise in this particular field. We will also cite all of our sources to ensure further verification.

*Community Engagement Initiative:*

In conjunction with the website, our team plans to plant a club on our campus next year with the purpose of administering direct community engagement efforts in Coachella Valley. Specifically, this student-run organization will be led with the mission of supporting Connect 2 Equip’s Health Awareness Initiative by extending this component of our website through a more personal and interactive approach. Students will work to conduct research on various health issues that concern Coachella Valley’s farmworker community. We will make the aforementioned health awareness infographics which will then be published to our website so that health clinics and community centers based in Coachella Valley can access them.

Once our club establishes our presence on campus, we hope to create outreach teams that will make periodic trips to Coachella Valley and conduct in-person classes and programs that expand the information presented on our health infographics in a more interactive way. This approach would yield a greater impact as it facilitates the development of deeper and more meaningful relationships between our organization and the local communities. On a bi-monthly basis, a team of our club members, including at least one Spanish-speaking student, will collaborate with a community organization in Coachella Valley that works with farm-workers and their families. In the space that they provide, we will host an event with an agenda geared to meet a specific need from this community. Given that we do not have expertise in the subject matter we want to teach, we would devote a thorough preparatory stage before hosting these classes to seek the guidance of experts and professionals such as professors, Migrant Clinicians Network, Riverside County Public Health Department, and more. Courses can include the following:

Healthcare Policy	Occupational Safety	Mental Health and Wellness
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<ul style="list-style-type: none"> <li>- Course on the qualifications for Medicare and MediCal, including how to navigate the online platforms and access connections to legal support</li> <li>- Course on how undocumented immigrants can still access health benefits through MediCare and MediCal</li> </ul>	<ul style="list-style-type: none"> <li>- Course on how to recognize the symptoms of overheating and what to do in the case of on-site health emergencies</li> <li>- Course on how to exercise labor rights in order to keep employers accountable</li> <li>- Course on the health implications of self-medication, sharing medication, and over caffeinating</li> </ul>	<ul style="list-style-type: none"> <li>- Course on self-care and community care, followed by specific and applicable practices</li> <li>- Course on arts and crafts for the children of farmworkers</li> <li>- Course on the how to recognize the impacts of stress and trauma of labor conditions and how to de-stress in healthy ways</li> </ul>
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*Website Blueprint*

1. Request A Donation

- This tab will lead to a subpage that will give users access to a general listing of medical equipment supplied by our partner organizations, Second Breath and Medical Aid Initiative. The page will also display a link to a Google Forms through which requests can be submitted. The target users of this specific tab are health clinics in Coachella Valley.
- Upon receiving the listing of equipment from the health clinic, our team will match the needs with the donations that are provided by our partner organizations to the best of our ability.

2. Partner With Us

- This tab will lead to a subpage where organizations, both inside and outside of Coachella Valley, can submit a Google Form to formally establish a partnership with Connect 2 Equip. The page will display the various ways organizations can get involved in our cause: donating medical equipment, receiving medical equipment, receiving health infographics, opening community spaces for our community engagement initiative, and more.

3. Health Equipment Initiative

- This tab will lead to a subpage that will showcase our medical equipment donors as well as our Coachella Valley health clinics who receive these donations. The subpage will present a brief blurb introducing the organization alongside their contact information. In addition, this page will elaborately explain the system behind the Health Equipment Initiative, whereby Connect 2 Equip will serve as a mediator between medical equipment donors and recipients.

4. Health Awareness Initiative

- This tab will guide users to a subpage that will provide a collection of health infographics organized by category. The categories can include legal, occupational safety, healthcare, environmental, and more. Each category will provide the printable and distributable form of these infographics.

5. Community Engagement Initiative

- This tab will lead to a subpage that will introduce users to our campus organization, Connect 2 Equip at UCLA, and the work we hope to endeavor throughout the year. As the year progresses, this page will exhibit the different community engagement initiatives that our club is able to facilitate in Coachella Valley.

**V. Stakeholder Map**

Stakeholders	Interest Level	Influence Level	Form of Engagement
GDL	High	High	Funding and general advising
Undocumented farmworkers in need of medical assistance	Moderate	Moderate	Engaging with the intervention proposal
Hospital Patients/Local Communities	Low	Moderate	Engaging with the intervention proposal
Hospital Staff/Administration	Moderate	Low	Engaging with the intervention proposal
Medical Aid Initiative (MAI)	High	Moderate	Assists with logistics involving inventory, transport, and web app development
Second Breath	High	High	Supplies with inventory of medical supplies, verification of medical information, advising
Noe Montes	Moderate	High	Directly connecting organization with community leaders, centers, general advising
Coachella Valley Volunteers in	High	Low	Provides access to application to free clinic for Coachella Valley residents

Medicine			
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**VI. Evaluation Plan/Impact Evaluation**

The impact of this project on the healthcare infrastructure of Eastern Coachella Valley will be subjected to both qualitative and quantitative evaluation. Given the project's selective scope and specific target demographics, the process for impact evaluation has been designed with a focus on efficiency. Firstly, administrators of hospitals, medical clinics, and community organizations receiving medical equipment through our Health Equipment Initiative will be interviewed. The same applies to our partner organizations. Key insights will be gleaned from their experiences regarding the promptness of equipment delivery, the functionality and utility of the equipment, and their personal recommendations for enhancing the effectiveness of our interventions, particularly regarding critical medical supplies. In parallel, a series of quantitative studies will be conducted to track the continued engagement and collaborations with community centers. Alongside this, our Health Awareness Initiative will deploy succinct surveys, with translations in Spanish, targeting our primary demographic. These surveys will gauge the community's awareness of recent updates to Medi-Cal and Medi-Care requirements, and the extent of direct benefits derived from our awareness campaign. To ensure a steady stream of feedback and evaluations, all interviews and surveys will be administered bi-monthly, facilitated by regular visits from our student organization. Furthermore, quantitative data on the frequency of website visits will be compiled bi-monthly to track and enhance digital user engagement. Lastly, as part of our Community Engagement Initiative, participant surveys will be conducted post-event to analyze attendance and collate feedback. This information will provide avenues for individualized improvements to future events. Our objective is to continually enhance the effectiveness of our initiatives while ensuring the needs of the community remain central to our endeavors.

**VII. Sustainability Plan**

Our project is designed to stimulate local engagement, primarily leveraging our affiliations with individuals and organizations who possess deep-rooted knowledge and experience with the targeted local community, coupled with the informational components of our initiative. We have decided against relying fully on paid advertising for our marketing approach, as such campaigns in excess can drain our limited budget. Consequently, we intend to capitalize on our existing relationships and collaborations with experienced community affiliates. This approach not only enhances our project's credibility but also provides an efficient, cost-effective strategy. In addition to this, we are optimistic about building connections with local university organizations and students passionate about enhancing their local hospitals' services. These connections could prove instrumental in ensuring the project's long-term sustainability. Their proximity to the targeted community and vested interest in our initiative's objectives position them uniquely to foster enduring positive change.



### VIII. Operational Budget

The budget proposal for Connect 2 Equip will be aligned with our primary operational requirements. Our project, as a dedicated resource center, necessitates primary funding allocation towards shipping costs, website development, and printing & distribution. In instances where organizations cannot directly ship supplies to Eastern Coachella Valley, our budget will accommodate the costs of delivering equipment to our beneficiaries. Shipping costs will be determined by our partnerships with organizations based in California. For instance, FedEx ground shipping charges from Los Angeles to Coachella City average at \$36.00 per 50 lbs package for a 2-day delivery. Given the expansive network of unincorporated townships we intend to serve, an initial sum of \$500 is requested. This funding will allow us to procure packaging materials and ensure that the distributed supplies reach their destination within a reasonable timeframe (2-5 business days). Website-related expenses will cover a database plan and server costs. Given the relatively modest pricing for database plans and web page hosting services, we anticipate a sum of \$100 for website development and domain maintenance. Lastly, to ensure the sustainability and growth of our organization, we anticipate a cost of \$70 specifically for the production, distribution, and expansion of our informational campaign. This includes the creation and delivery of brochures to our target demographic and other migrant farming communities in California, such as those in the Santa Cruz Valley and Ventura County.

#### BUDGET PROPOSAL

##### **Shipping Expenses**

*Ground Transportation*

*FedEx Shipping Costs \$500*

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Total for Category 1: \$500

##### **Project Expenses**

*Website*

*Development and domain maintenance \$100*

*Sustainability*

*Informational Campaign \$70*

\* Translators will be provided by partner student organizations

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Total for Category 2: \$170

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**Total for Category 1 and 2: \$670**

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