



## **Collection on Global Environmental Health**

### **Research and Best Practices**

#### **Volume 4**

*Abstracts, Narratives, and Creative Contents*

September 19, 2026

Santa Monica, CA, USA

ISSN 3144-0207

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Primary goal: SDG 3 - Good Health and Well-Being

Education

**My Goals in Public Health**

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**Narrative**

I am a student currently studying public health at Northern Illinois University (NIU). My main goal in public health is to ensure all have access to healthcare services so that everyone has the opportunity to thrive and reach their goals. I am also someone with a physical disability, which comes with its unique set of challenges. I was diagnosed with Duchenne muscular dystrophy as a child. As a result of having access to essential healthcare services and other supports (such as disability benefits, accessible public transportation, and disability support services at my university and elsewhere), I have been able to work towards my goals in public health. However, I am aware that not everyone has these privileges, especially in less developed countries or regions with less access to services such as transportation. As a result, another goal I have within public health is to increase awareness of how vital accessibility and access to support services (including healthcare) are to people with disabilities and the need to expand on and advocate for such supports in order to increase opportunities for all to thrive and succeed in life.

Keywords: Healthcare, Accessibility, Access, Disability, Awareness

Relevant goals: SDG 10 (“Reduced Inequalities”)

Primary goal: SDG 11 – Sustainable Cities and Communities

Practice

**Preserving to Continue: Cultural Sustainability and Generational Succession in Londrina's Okinawan Community**

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**Narrative**

Seventy-one years ago, Okinawan immigrants and their descendants founded ACROL—the Cultural and Recreational Association of Okinawa of Londrina—in southern Brazil. Today, more than 250 families keep this legacy alive through community life and intergenerational transmission.

Cultural preservation and community well-being are promoted through diverse activities: Odi-obá for older adults; Okinawan dance, Eisa, karaoke, and gateball; sports, Undokai, health-promotion activities, and cooking workshops; as well as celebrations that preserve traditions such as motiyori.

A symbol of this history is Tanomoshi, a mutual-aid practice that brought the pioneers together. These groups strengthened networks of trust and cooperation, helping families acquire goods, fund their children's education, and build their lives in Brazil.

In 2026, facing the challenge of engaging younger generations, ACROL created Tanomoshi dos Jovens (Youth Tanomoshi), with activities such as sushi and gateball workshops, while preserving its essence of unity, cooperation, and belonging. In the same process, for the first time in 71 years, a woman became president of ACROL, also representing a younger generation, with the support of previous generations.

Cultural and educational exchanges with Okinawa are strengthened through partnerships with Nago, Londrina's sister city, and Meio University.

We are Japanese-Brazilians: we honor our Okinawan roots while valuing the identity built in Brazil. ACROL's experience shows that cultural sustainability means preserving the essence of a legacy, promoting well-being and belonging, and creating conditions for new generations to recognize its value and take responsibility for carrying it forward.

Keywords: Cultural sustainability; Okinawan heritage; well-being; Intergenerational transmission; Japanese-Brazilian identity

Relevant goals: SDG 3 – Good Health and Well-being; SDG 4 – Quality Education; SDG 11 – Sustainable Cities and Communities; SDG 17 – Partnerships for the Goals

Primary goal: SDG 3 - Good Health and Well-Being

Practice

**From Scientific Evidence to the Field, Pass the Patient's Voice to the Future:  
Sustainable Health Discovered Only After Becoming Ill**

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**Narrative**

Receiving a Parkinson's diagnosis at the age of 51 fundamentally altered my understanding of what it means to achieve sustainable health. Transitioning from my role as a preventive medicine professional to that of a patient shifted my perspective from abstract medical definitions to a deeply human realization. I have come to believe that true sustainability in health is about maximizing the period during which each individual can live with dignity, independence, and authenticity. Living with a neurodegenerative condition has revealed numerous hidden hurdles that I previously overlooked. These include complex emotional struggles, such as the persistent hesitation to use public accessibility badges for what remains an invisible disability to many. Furthermore, I have encountered structural barriers where rigid privacy policies inadvertently prevent patients from connecting with others facing similar journeys. For me, running marathons serves as a vital barometer of personal agency. It provides proof that a progressive illness does not require one to forfeit an active and meaningful life. I believe our collective approach to managing intractable diseases must evolve into an Ekiden model. Much like this traditional Japanese relay race, we should not attempt to carry the entire burden alone. Instead, we must run our specific leg of the race with honesty by sharing our vulnerabilities before passing the baton to the next generation. At the newly established Global Environmental Health LAB Japan, our mission is to bridge rigorous scientific evidence with authentic patient voices. Together we are building a connected community where no one has to face the uncertainty of the future alone.

Keywords: Sustainable Health, Parkinson's Disease, Lived Experience, Patient Advocacy, Ekiden Relay Model

Relevant goals: SDGs 4, 10, 15, and 17

Primary goal: SDG 3 - Good Health and Well-Being

Research

**Amazone-se Project: Care, Collaboration, and Access to Healthcare in the Amazon**

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**Abstract**

**Background:** Access to healthcare remains a persistent challenge for remote riverside communities in the Amazon due to geographic isolation, limited infrastructure, logistical barriers, and dependence on river transportation. The Amazone-se Project, developed by the NGO Base Colaborativa, has worked since 2019 to address these challenges through community-centered primary healthcare, education, sustainability, and community empowerment.

**Methods:** This quantitative and qualitative experience report analyzed institutional records, field diaries, and technical reports from activities conducted between 2019 and 2025.

Multidisciplinary teams collaborated with community leaders and local healthcare professionals to co-design culturally sensitive interventions aligned with local needs and Sustainable Development Goals (SDGs 3, 5, 10, and 17).

**Results:** Over seven years, the project delivered more than 39,000 healthcare services to over 3,500 people across 50 riverside communities and traveled more than 3,000 km by river. More than 60 health education sessions addressed women's health, sexually transmitted infection prevention, mental health, and environmental care. Services included primary healthcare consultations, laboratory and rapid testing, ultrasound and echocardiography, medication distribution, referrals, and selected secondary-level and specialized care. Active listening and collaboration with communities strengthened local knowledge, autonomy, and shared responsibility.

**Conclusion:** The Amazone-se Project demonstrates that community-centered primary healthcare adapted to the Amazon's geographic and sociocultural context can expand access, promote health equity, and strengthen community participation. Flexible, culturally sensitive, and collaborative approaches may offer sustainable pathways to comprehensive healthcare in geographically isolated territories.

**Keywords:** Primary Healthcare · Traditional Peoples · Amazon · Active Listening · Health Equity

**Relevant goals:** SDGs 10 Reduced Inequalities, 5 Gender Equality, 17 Partnerships for the Goals

Primary goal: SDG 15 - Life on Land

Practice

**From Loving Orangutans to Protecting Forests: My Journey Toward Sustainable Action**

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**Narrative:**

I have always loved orangutans, and last summer, I had the opportunity to visit Borneo. There, I realized that protecting wildlife is not just about the animals themselves—the forests they depend on and the lives of the local people are equally essential. This experience deepened my appreciation for the importance of forests and biodiversity.

Driven to translate this realization into action upon returning to Japan, I joined the CSO Learning Program and began a long-term internship with an NPO focused on domestic forest restoration.

Through this program, I participate in hands-on forest conservation while learning about broader environmental issues and the role of civil society in tackling them.

Also, I volunteer as an educator at a zoo in Tokyo. I share the appeal of orangutans, the threats to their habitats, and practical steps people can take—such as choosing certified products in their daily lives. My goal is to help people bridge the gap between their everyday choices and global wildlife conservation.

These experiences have taught me that even the smallest action matters and that awareness is the first step toward change. We don't need to start with grand gestures. Often, it simply begins with an opportunity to learn about nature and develop a genuine connection to it.

I aspire to create those spark moments for others—helping people see nature, forests, and environmental challenges not as distant concepts, but as matters that directly involve them.

I will keep taking small steps forward, believing that they can build into something meaningful and that one day, they will help protect the forests and orangutans I love.

Keywords: Wildlife conservation, forest restoration, biodiversity conservation, environmental education, environmental awareness

Relevant goals: SDGs 4,13,17

Primary goal: SDG 3 - Good Health and Well-Being

Practice

**Different Systems, Shared Challenges: Lessons for Global Health from Brazil and the United States**

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**Narrative**

Healthcare systems around the world are organized, financed, and delivered in different ways, yet they often face many of the same challenges in ensuring equitable access and improving population health. Brazil's Unified Health System (SUS), which is grounded in the principle of universal healthcare, and the predominantly insurance-based healthcare system in the United States represent two very different approaches to healthcare delivery. Looking at the strengths and challenges of both systems can offer valuable lessons for global health.

Drawing on experiences in clinical care, community health, healthcare delivery, and public health in both countries, this presentation explores reflections that may be relevant to healthcare systems worldwide. First, healthcare coverage does not always translate into equitable access, particularly for people living in geographically isolated or underserved communities. Second, healthcare delivery must respond to local geographic, social, and cultural realities and, when necessary, reach beyond traditional healthcare settings. Third, strong primary care and preventive services are essential for improving continuity of care and reducing health inequities. Finally, the availability of advanced technologies and healthcare resources alone does not guarantee equitable access or better population health outcomes. Rather than suggesting that one healthcare system is superior to another, this presentation considers what different systems can learn from each other. By examining both successes and ongoing challenges across these two contexts, it highlights opportunities for mutual learning, adaptation, and collaboration in the shared pursuit of more accessible, equitable, and people-centered healthcare.

Keywords: Health Equity, Healthcare Access, Primary Care, Global Health, Healthcare Workforce

Relevant goals: SDG 10 Reduced Inequalities

Primary goal: SDG 3 - Good Health and Well-Being

Research

**Correlates of Healthcare Utilization among People in Tajikistan: Findings from 2023 WHO STEPS Data**

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**Abstract**

Background: Tajikistan has struggled with instability due to underdevelopment, leading to an overlooked population and underutilization of key healthcare services. The purpose of this study is to identify prevalence and correlates of healthcare utilization and cervical cancer screening in Tajikistan.

Methods: Utilizing the Tajikistan 2023 WHO STEPS survey data, we examined: (1) past 12-month visit to a doctor/healthcare worker among all participants; and (2) ever having a cervical cancer screening test among women. Logistic regression was utilized to identify correlates of both types of healthcare utilization among our sample, adjusting for region, age, sex, education, marital status, employment status, and number of people living in the household.

Results: The sample included 773 male (30.3%) and 1778 female (69.7%) participants (mean age: 43.1±13.5). Among the sample, 45.1% had seen a doctor/healthcare worker in the past 12-months. Among women, 10.0% had ever had a cervical cancer screening test. Region ( $p$ 's<0.001), older age ( $p$ <0.001), females (vs. males) ( $p$ <0.001), and more years in school ( $p$ =0.003) were associated with higher odds of having seen a doctor/healthcare worker. Region ( $p$ 's<0.001) and older age ( $p$ 's<0.002) were associated with higher odds of women ever having had a cervical cancer screening test. Having seen a doctor/healthcare worker in the past 12-months was associated with higher odds of women ever having had a cervical cancer screening test ( $p$ <0.001).

Conclusion: Findings provide insight on what factors may encourage people of Tajikistan to utilize healthcare services, providing a foundation for future research and creating necessary culturally tailored resources based on the data.

Keywords: healthcare utilization, cervical cancer, screening, Tajikistan

Relevant goals: SDG 10 Reduced Inequalities

Primary goal: SDG 3 Good Health and Well-being

Research

**Correlates of Diabetes and Cardiovascular Disease among People in Tajikistan: Findings from 2023 WHO STEPS Data**

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**Abstract**

**Objectives:** Tajikistan, a country located in Central Asia, continues to experience high rates of non-communicable diseases such as diabetes and cardiovascular diseases (CVD). The purpose of this study was to address the gap in understanding of diabetes and CVD prevalence among people in Tajikistan by identifying correlates associated with diabetes and CVD.

**Methods:** Using the 2023 WHO STEPwise approach to surveillance (STEPS) data for Tajikistan, we examined the prevalence of diabetes and usage of statins for cardiovascular disease prevention. Adjusted logistic regression models were used to identify correlates of diabetes and statin use (two separate models) among our sample, adjusting for region, age, sex, years in school, fruit consumption, vegetable consumption, physical activity, and current tobacco use. An additional multivariable adjusted logistic regression model tested the association between diabetes and statin use.

**Findings:** The sample included 2,550 participants (30.3% male, 69.7% female, mean age:  $43.1 \pm 13.5$ ). Among the sample, the prevalence of diabetes was 14.8%, and 3.3% reported use of statins. Older age was associated with higher odds of diabetes ( $p < 0.012$ ). Older age and higher days per week of fruit consumption were associated with higher odds of statin use ( $p < 0.046$ ). Diabetes is associated with higher odds of statin use (aOR: 3.19, [1.50-6.65]).

**Implications for public health practice or policy:** Diabetes is strongly associated with risk for cardiovascular diseases in Tajikistan. Findings may inform future accessible and effective preventative measures in Tajikistan that may include diet and access to care as key drivers of both diabetes and cardiovascular diseases.

Primary goal: SDG 2 - Zero Hunger

Research

**Integrating Vision-Language Models with Linear Optimization for Automated Food Quality Assessment and Surplus Redistribution**

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**Abstract**

Global food insecurity continues to rise while 2.5 billion tons of food are discarded annually. Food waste is a driver of economic loss and climate change. Surplus-food providers such as grocery stores and schools lack data-driven tools that connect item-level quality assessment to redistribution decisions. We present a multimodal framework that couples perception with allocation: donated items are photographed at intake, assessed by supervised ResNet-18 classifiers and a zero-shot vision-language model (LLaVA-1.5 7B), and routed by a binary integer linear program that maximizes delivered nutritional utility under freshness, distance, and capacity constraints to food pantries/kitchens. On a custom dataset of 412 annotated images collected at two food pantries, item-type classification reached 0.937 accuracy and 0.954 macro-F1 on its held-out split. A deterministic zero-shot evaluation of nine prompting and inference configurations shows that the Vision Language Mode reaches 0.77 accuracy when the least-confident 63% of items are deferred to human review. On an identical held-out test split, a supervised ResNet-18 reference outperforms the zero-shot cascade (macro-F1 0.761 vs. 0.440), quantifying the gap the fused deployment score is designed to bridge. In an allocation simulation grounded in real perception outputs and a real donation-stream item mix, the optimizer delivered 31-55% more nutritional utility than random and distance-minimizing baselines under identical feasibility rules. Our framework establishes a sustainable pathway for equitable distribution of surplus food and develops a system connecting food donors and recipients to combat food insecurity, food waste, and economic loss.

Keywords: food waste, surplus redistribution, vision–language models, image classification, multimodal artificial intelligence

Primary goal: SDG 3 - Good Health and Well-Being

Research

**The Ethics of Care and Theory U in the Amazon: An Experience Report with Riverside Communities and Indigenous Peoples**

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**Abstract**

Background: The Amazone-se project, created in 2019, is a social initiative that works with riverside communities and Indigenous peoples in the Amazon through actions focused on health, education, and income generation. Its proposal is grounded in active listening, collaboration, recurrence of actions, and long-term support. This work aims to articulate the ethics of care, proposed by Tronto (1993), with the practice of deep listening, especially the generative listening of Scharmer's Theory U (2009), as a strategy to guide comprehensive health practices and processes of community strengthening. Methods: This is an experience report based on activities carried out in Amazonian communities through dialogue circles, multiprofessional care, educational workshops, and collaborative processes with local leaders. Inspired by Theory U, the experience recognizes four forms of listening: downloading, factual, empathic, and generative. In Amazone-se, generative listening was adopted as a methodological and ethical foundation because it favors the suspension of judgment, openness to the territory, and the emergence of shared meanings. Results: Generative listening made it possible to recognize demands related to health, education, ways of life, and territorial knowledge, characterizing the phase of caring about. From this process, the project assumed co-responsibility in building strategies with the communities, expressing taking care of. Caregiving was manifested in concrete actions, such as educational activities, health care services, the appreciation of traditional healing practices, and the integration of popular knowledge with technical knowledge. Care receiving was evidenced in the response of the communities, which validated, redirected, and appropriated the actions, expressing trust, belonging, and a desire for continuity. Conclusion: The experience reaffirms the ethics of care as a theoretical framework for understanding and guiding practices in vulnerable territories. Theory U, especially generative listening, strengthened dialogical processes capable of moving beyond traditional biomedical models and sustaining comprehensive health practices based on co-responsibility, interdependence, human dignity, and recognition of Amazonian plurality.

Keywords: ethics of care, Theory U, Amazon, comprehensive health, riverside communities

Relevant goals: SDG 3—Good Health and Well-being; 4 - Quality Education; 10 - Reduced Inequalities; 17 - Partnerships for the Goals

Primary goal: SDG 3 - Good Health and Well-Being; SDG 10 - Reduced Inequalities

Research

**Integrating HIV Prevention and Harm Reduction for People Experiencing Homelessness and Substance Use in King County, Seattle**

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**Abstract**

Background: People experiencing homelessness who use substances face significant challenges accessing and remaining engaged in HIV prevention and treatment. Unstable housing can make it difficult to attend appointments, store medications, maintain treatment routines, and stay connected with healthcare providers. Substance use, stigma, and fragmented services can further interrupt care, increasing the risk of poor medication adherence, loss to follow-up, and failure to achieve or maintain viral suppression. This project focuses on reducing these gaps by bringing HIV prevention, treatment support, and harm-reduction services closer to people experiencing homelessness in Seattle.

Methods: Using the PRECE-PROCEED model, a community-based intervention was developed to address barriers across the HIV care continuum. The program combines mobile HIV testing, prevention education, harm-reduction outreach, peer navigation, case management, behavioral-health support, and referrals to HIV and substance-use treatment. Evaluation measures assess HIV testing, linkage to care, engagement and retention in services, treatment adherence, and viral suppression.

Results: The proposed program aims to increase participation in HIV prevention services by 25% within 24 months, improve HIV testing and linkage to prevention or treatment by 20% within 18 months, and increase retention in HIV prevention and treatment services by 15% within 36 months. Longer-term evaluation will examine whether improved engagement and retention contribute to better treatment adherence and viral suppression.

Conclusion: HIV outcomes cannot be separated from conditions in which people live. For people experiencing homelessness who use substances, improving viral suppression requires more than access to HIV medication. Bringing HIV care, harm reduction, peer support, and case management together may reduce interruptions in care and help people remain engaged in treatment despite housing instability.

Keywords: Homelessness; HIV; substance use; harm reduction; viral suppression

Primary goal: SDG 3 - Good Health and Well-being

Research

**Examining Healthcare Utilization, Access to Healthcare, Telehealth, and Satisfaction with Providers Among Recent Asian Immigrant Adults in the United States**

Author(s)<sup>1</sup>

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**Abstract**

Background: Adverse health outcomes in the recent Asian immigrant population may be burdened by factors such as lack of access to healthcare resources, satisfaction with healthcare services and providers, or utilization of healthcare in a timely manner for primary care and emergency services. The goal of this project is to showcase how lack of access and satisfaction play a role in utilization of services, the role of telehealth, and satisfaction with telehealth expansion.

Methods: The data used for this project comes from the 2023 and 2024 California Health Interview Survey (CHIS). CHIS is an observational cross-sectional study design that utilizes address-based sampling methods to randomly select households from 58 counties in California to participate via a telephone or web-based interviewing system. The study population includes Asian immigrants to the United States, with the inclusion criteria including: 18 years and older, Asian ethnic background, resident of California, and recently immigrated within the past five years.

Results: We will utilize SPSS and SAS to run descriptive and adjusted multivariate regressions with covariates including age, gender, sex, job status, marital status, cost of healthcare, and income. Preliminary results will focus on barriers to accessing healthcare, utilization of healthcare services in the United States within the past year, and satisfaction with in-person versus telehealth appointments among recent Asian immigrants.

Conclusion: Health literacy and education are important factors impacting healthcare access, and telehealth may play a key role in addressing gaps in Asian immigrants accessing healthcare services and language barriers.

Keywords: Healthcare Utilization, Asian Immigrants, Access to Healthcare, Telehealth, Satisfaction

Relevant goals: SDG 3: Good Health and Well-being, SDG 4: Quality Education, SDG 10: Reduced Inequalities

Primary Goal: SDG 3 - Good Health and Well-Being

Research

**School-Based Vision Care Delivered Through Short-Term Medical Missions: Teacher Perspectives on Educational Impact and Public Health System Implications**

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**Abstract**

**Background:** This study evaluates how short-term medical mission-delivered vision screening and eyeglass provisioning can improve student health, educational participation, and community well-being while informing sustainable public health systems and implementation strategies in underserved populations. Uncorrected refractive error (URE) is a leading cause of visual impairment among children and adolescents worldwide and disproportionately affects populations in low- and middle-income countries (LMICs) where access to eye care services remains limited. Poor vision can negatively impact academic achievement, classroom participation, psychosocial development, and long-term quality of life. School-based vision screening and eyeglass provisioning programs delivered through short-term medical missions (STMMs) have emerged as a cost-effective strategy to identify students with vision impairment and improve access to corrective lenses. Despite evidence demonstrating positive visual and educational outcomes, limited research has examined teacher and school representative perspectives regarding the educational and behavioral impacts of eyeglass interventions.

**Methods:** This mixed-methods study evaluates teacher and school representative perceptions of school-based eye assessment and free eyeglass provisioning delivered through an STMM operating in the rural Vyara region of Gujarat, India. Guided by the RE-AIM implementation science framework, the study examines program reach, effectiveness, adoption, implementation, and maintenance (Glasgow et al., 2019). Approximately 150 teachers representing more than 120 schools serving 60,000 to 80,000 students will complete two surveys. Quantitative data will be collected using Likert-scale items measuring perceived educational, behavioral, and social outcomes. Qualitative data will be obtained through open-ended responses exploring program strengths, weaknesses, and sustainability considerations. Descriptive statistical analysis and thematic analysis will be utilized.

**Results:** Results are anticipated to demonstrate positive teacher-reported changes in student classroom engagement, academic performance, reading ability, attention, participation, and social interaction following eyeglass provisioning. Teachers and school representatives are expected to identify improved educational outcomes, reduced learning barriers, and enhanced student confidence. Qualitative findings are anticipated to highlight the value of school-community partnerships while identifying challenges related to sustainability, continuity of care, local eye care capacity, and long-term program maintenance.

**Conclusion:** School-based vision screening and eyeglass provisioning delivered through STMMs have the potential to improve both health and educational outcomes among adolescents in underserved settings. Incorporating teacher perspectives provides valuable insight into program effectiveness and implementation processes. Findings may inform future public health policies, school health initiatives, and capacity-building strategies designed to strengthen sustainable eye care systems while advancing Sustainable Development Goal 3 (Good Health and Well-Being) and supporting educational equity through SDG 4 (Quality Education).

**Keywords:** Vision Screening; School Health; Refractive Error; Medical Missions; RE-AIM

**Relevant Goals:** SDG 4 Quality Education, SDG 10 Reduced Inequalities, SDG 17 Partnerships for the Goals

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