



# Annual Report

*Global Health Initiative*

12/12/2017	
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<h1>Annual Report</h1> <p><i>Global Health Initiative</i></p>	
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	2016-2017

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## Mission & Vision



The Global Health Initiative engages OHIO faculty and students in collaborative, multi-disciplinary global health education, research and outreach.

Our vision is to be a global leader in the development of health professionals with the capability to promote health among diverse and underserved populations.

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## Long Term Outcomes

1. More culturally sensitive and globally informed workforce in the health professions.
2. Strengthening and supporting health systems in the communities where we work.
3. More globally engaged and culturally informed faculty and university.
4. Encouraging more OHIO faculty to engage with health and wellness in a multidisciplinary fashion.
5. More OHIO graduates in the health professions working in underserved areas.
6. Strengthening, clinical, research and practice skills.

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## Summary

Goals for the fifth year (2016-17) of Ohio University's Global Health Initiative were to:

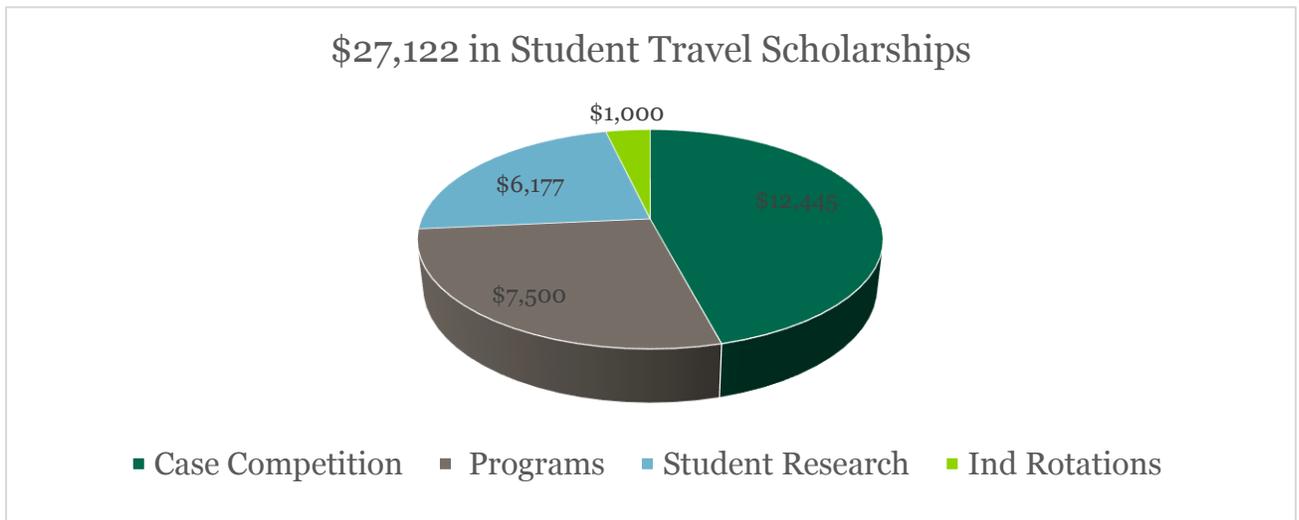
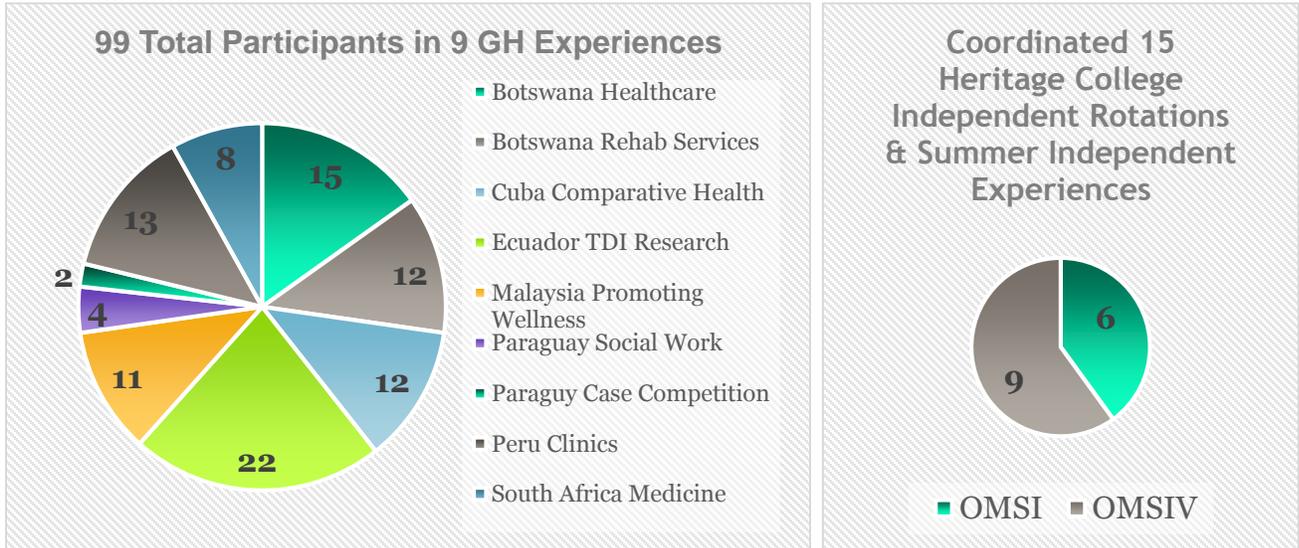
- To fully staff administrative and faculty positions to cover programmatic and course requirements (in spring of 2017 two faculty positions and the Program Coordinator role were not filled)
- To improve and sustain existing partnerships, programming, and curriculum
- To build new partnerships and programs

Some key **highlights** include:

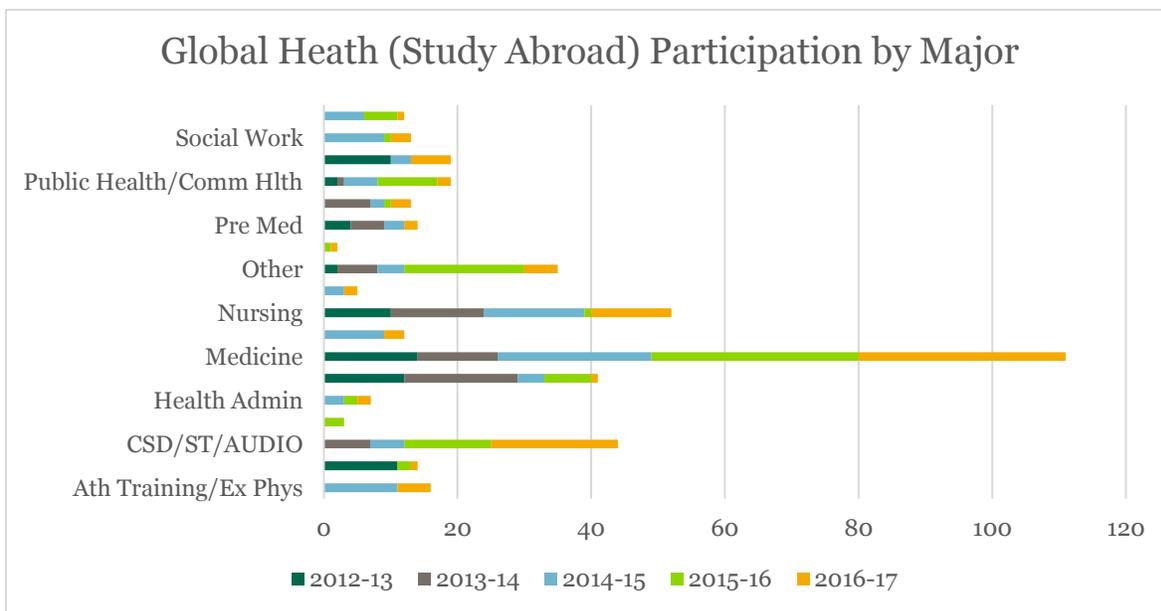
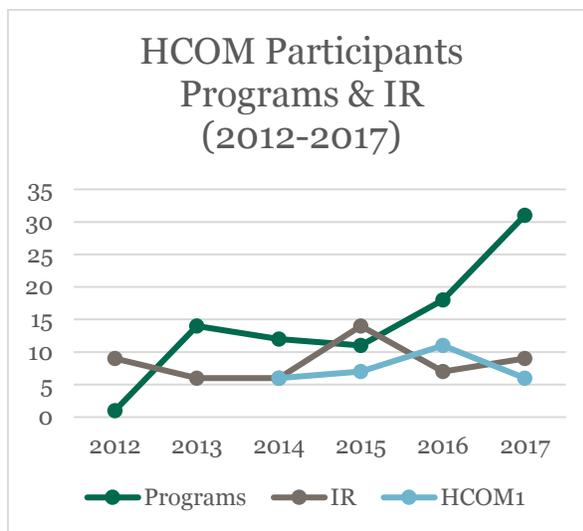
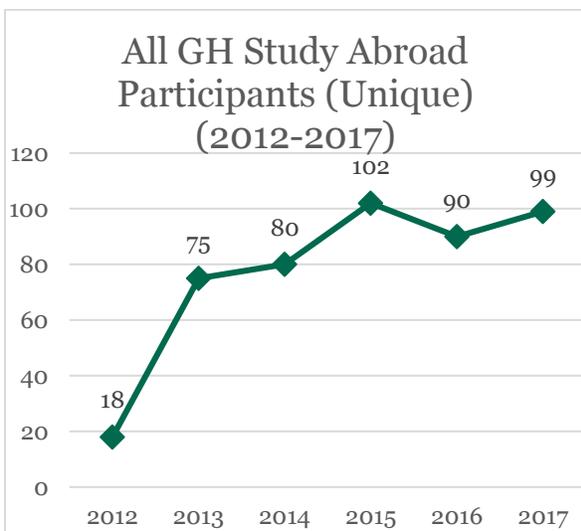
- Meredith Gartin, PhD hired as Program Coordinator in July 2016
- **3rd Annual Case Competition** held, with the winning team travelling to Paraguay in May to explore the viability of their proposal for addressing health related solutions to climate change and flooding in the country.
- **Graduate Certificate offered.** UCC Program committee reviewed the certificate during the September meeting.
- **Master's Degree proposal** approved with the first cohort planned for fall 2018-19.
- **1804 Grant received** to evaluate study abroad programs and student learning outcomes.
- Teams from the **Ohio-Botswana training program** completing four manuscripts based on data from the Botswana AIDS Impact survey and to analyze data collected by trainees and study abroad students from a project entitled, "Nutrition, body image and chronic disease among Botswana adults".

- **Developing a grant proposal** to expand and integrate the research training program with global health curriculum.
- Potential new partnerships identified in Ethiopia, Hungary, Rwanda, and Swaziland.

## Global Health Experiences Program Participation



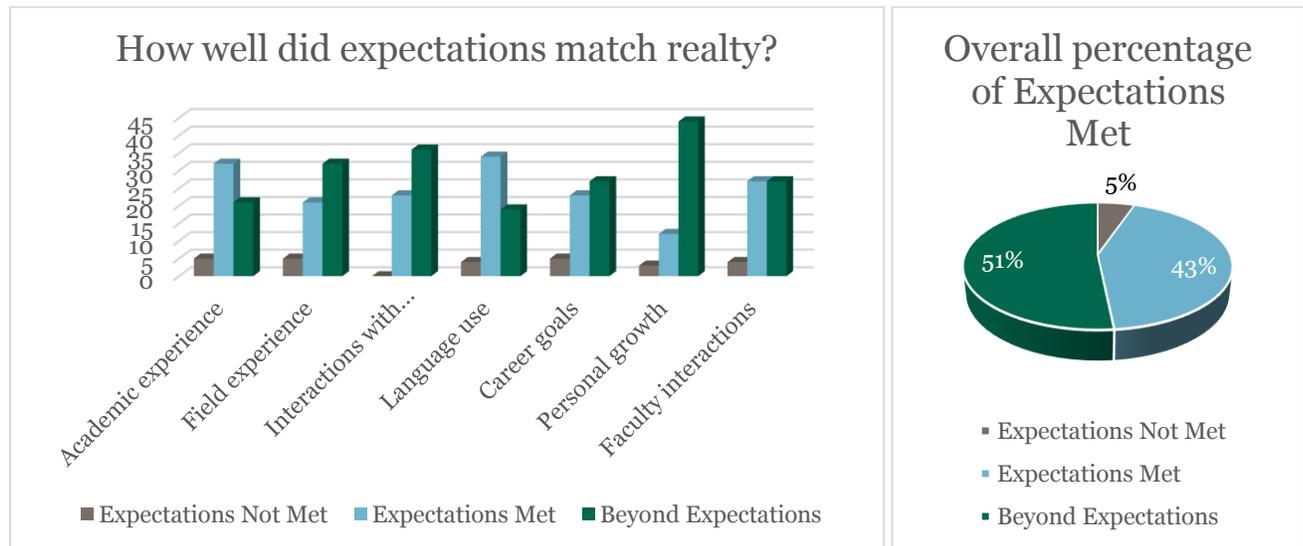
## Participants Experienced 14 Different Countries



## Global Health Experiences Program Evaluation

Seventy students provided their evaluations of our programs, which is 71% of the total students that participated in 2017 spring and summer programs. The Botswana Healthcare (87%), Cuba Comparative Health (83%), and Ecuador Tropical Disease Research (73%) programs had the best response rates. Program Directors received compiled data for all evaluations and used the data for program improvement. Some overall selected results are presented below.

One evaluation question asked participants to rate how well their expectations matched the reality of several elements of the program. Students rated 4 of 7 program elements as beyond expectations, with the rating of all elements at 51% beyond participant’s expectations, and 43% of students rating the elements overall as meeting program expectations(see charts below).



Included in the analysis were a subset of open ended questions asked in the student program evaluations for spring and summer programs in 2017. These questions relate mostly to culture and cultural experiences; however, some questions included programming related issues like factors that helped students decide on a program, student expectations prior to the program start contrasted with the reality, and any changes in the student’s career goals. The table below includes examples of comments in support of achievement of Global Health objectives and outcomes.

Program Outcomes & Objectives	Typical Exemplars
Recognizing that Global Health is interdisciplinary and requires teamwork and community-based approaches to service and care	I learned more about my own clinical competence, areas of strength, and professionalism during these three weeks in Botswana than I would in a typical clinic year at home. This experience has made me a full believer in the interdisciplinary team. Even within a different culture faced with unforeseen challenges and a language barrier I knew I was surrounded by a group of supportive co-clinicians that are as equally invested in the care of our clients and patients as I am. This had honestly been a life changing experience and I would recommend it to any and every clinician in my program.

Better understanding of a health-related issues and poverty in the global context, including the burden of disease for people in resource-poor settings

In Banado Norte, we visited a local organization that dedicates it's time to improving community conditions in terms of environmental health risks (with contaminated trash, poor living conditions, etc.). The issue with this squatter settlement was that the current government wants to purchase the land for tourist attractions. Because the squatter community refuses to leave, they unfortunately deal with issues like flooding, which the government could very well contain (lack of service delivery)... Socially, although these communities do not own the land, they were technically living in these poor areas before the 1989 dictatorship fall, meaning that the government does not technically own the land either, resulting in a stand-still from both sides.

In the clinic, we were able to spend time talking about how healthcare is in Ecuador. I noticed the role of income on health delivery. Those who are poor and do not work only use services from the ministry of health, while those who work can get SSI or private insurance. Though services from the ministry of health are free for everyone, they have a long wait period for many months. This was one of the reasons why the TDR clinic was popular, because people could be seen in that time window rather than having to wait months to see a doctor.

I was able to broaden my knowledge of global health and take away an experience I will never forget. Seeing firsthand how healthcare providers work in a limited resource setting was extremely eye opening, and made me realize how much easier we have it in America. I gained a great appreciation for where I'm from, and brought back knowledge and experience that I will use in my career.

Learning about a culture different from their own to gain cultural humility that can be applied in both the social and medical fields

I definitely noticed that dental hygiene as well as hygiene in general was low priority compared to the United States due to expense. A lot of kids had dental cavities due to a dental visit being expensive. I also observed there was no toilet paper in the toilets, a lack of toilet seats, and hardly any soap to wash your hands after using the restroom. An El Salvador physician explained to me that toilet paper is expensive for poor families so they don't buy it. When noticing these things, it made me really humbled.

One difference that really stuck out to me was when I observed in the theater/OR. Wanting to be an OB/GYN, I was taken back by how non-exciting a C-section was. The doctors and nurses never asked how the mom was doing throughout the procedure, and the mother never got to see her baby after he/she was born. I addressed it by reminding myself that this it was another country, and not everyone does things the same as back home. This experience also showed me that when I have patients give birth, I want to make the experience be as exciting as it can be. I also want to be more sensitive to the patients' feelings and emotions, and be able to have the baby and mother have contact as soon as possible.

Eye and dental care were two issues that kept arising amongst the Peruvian patients seen. The only problem was how expensive these visits were for their families. I gained a sense of humbleness and gratitude for my life in that moment.

All of the centers that we visited were so diverse and had completely different set ups so I enjoyed seeing that. Learning about filial piety, external locus of control and saving face in the classroom and then seeing it firsthand in the center was so neat for me and one of the most beneficial parts of the trip. We got to see each one practiced and then compare how they were handled in Malaysia to how we handle them in America.

<p>Honing skills in participant-observation through experiential learning opportunities that do not allow students to practice outside of their skill level</p>	<p>One difference I noticed was the importance of prayer in the medical care. That's not something we are accustomed to doing in the US, but it was very important to many of the patients. I didn't really have to address it, it was just an additional step we took - sending them to pray with some people from the church.</p>
	<p>At Princess Marina hospital I noticed that the government is in control of everything medical service wise and their culture is just to wait patiently, join the que, and wait for whatever service they may need. Their culture is different from ours in the respect that they do not act entitled to their services they wait and are grateful for what they get when they can get it.</p>
	<p>Many conversations between teachers and parents centered on encouraging the parents to involve their child with a disability in everyday life activities. To not hide them but communicate with them and have them participate as much as their siblings in daily tasks. These children can learn to communicate and to do many tasks independently. The culture and stigma around having a child with special needs is slowly changing with the help of organizations, teachers, and parent volunteers such as those found at Ambrose Academy. I spent a lot of time educating parents and reassuring them that their child can communicate with them even if it isn't using traditional spoken language. Many of these children would benefit from intense 20 plus hours of speech therapy to increase their communication. However very few families can afford private and consistent speech services. Hopefully in the future there will be a larger number of Speech therapists in the country to provide these services and government funding to allow all children and families access to them.</p>
<p>Improving foreign language and communication skills through interaction with local people in both the social and medical contexts</p>	<p>Having the UKM students with us for the majority of the trip was helpful. They made it easier for us to communicate and figure out the social norms of their society. I loved how easy we made connections with them and how they were just as interested in our culture as we were with theirs. At each of the communities we went to I tried to talk to as many people as I could and learn more about their lives.</p>
	<p>I was able to care for patients directly and speak to them both through my own Spanish and also through a translator for harder concepts.</p>
	<p>Right away you learned that you needed to greet everyone you met or casually passed. Learning Dumela and its variations was important and it was great to see how much the locals appreciated that we knew how to greet in their language. It was really easy to meet new people and we were provided a lot of opportunities to meet new people through events and gatherings.</p>
<p>Increasing global networks with local people, fellow students, and program directors through making connections on human healthcare and well-being</p>	<p>I loved that we paired with UKM. The students and faculty there were amazing and it was incredible being able to build relationships with them. I liked that we visited three different facilities and each was unique and provided a different learning opportunity</p>
	<p>Exposed me to clientele I had never seen before and may never see again, I got to work on a team with PT and Audiology and perform interdisciplinary assessments and therapy, I got a lot of clinical hours, I made new friends in different programs, I was exposed to different supervisors and their styles, and most importantly I was able to make a positive impact on the lives of others.</p>

Clarifying (or defining) their role in future career goals related to health and health care with underserved populations

This program made me want to help the underserved. There are so many people around the world that have access to nothing. It also made me think more about patient centered care. The patients in Botswana were not at the center of their care, they usually did what doctors said do to and did not seem to be provided with much education or information on their condition. I think that this trip made me want to educate people on their health and make sure that my patients know what is happening with them and that they have a say in their care.

Originally, I thought I only wanted to work with children. But after this experience, I learned that working with adults is really fun and can be very rewarding.

Amazingly, I want to travel more and potentially get a masters in Higher Ed and plan study abroad/or be the professor on them. They also make me more adaptable and open to new ideas.

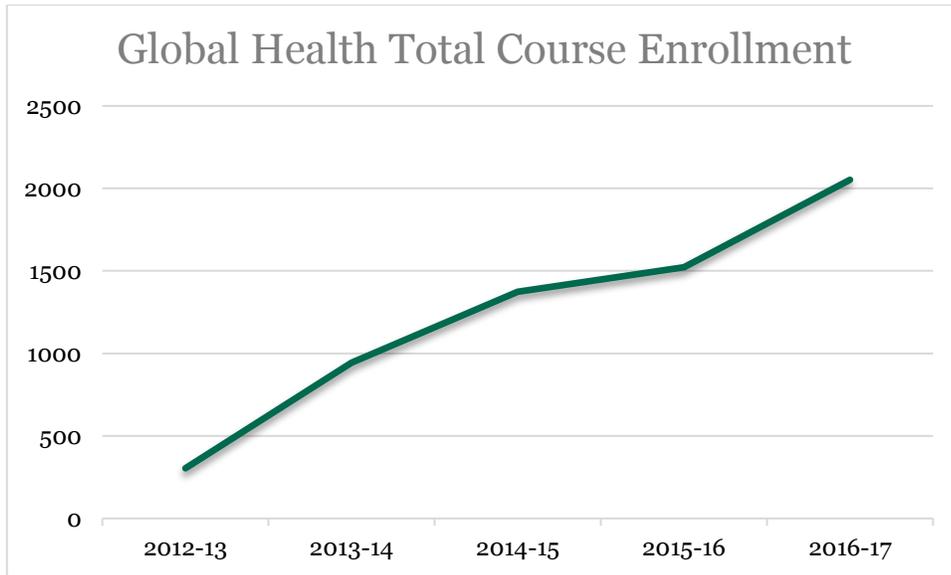
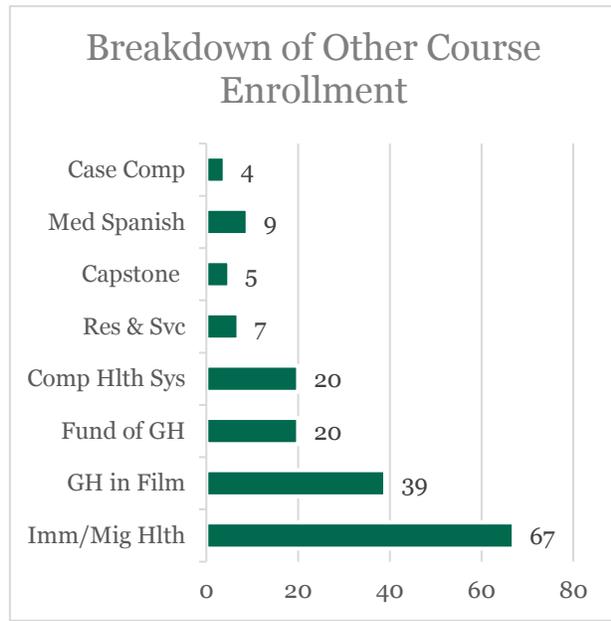
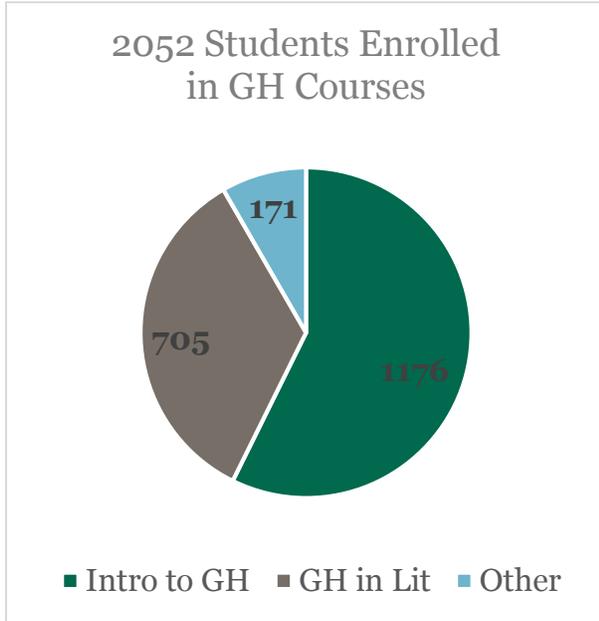
It was really refreshing to help people who were so thankful for the care they were receiving. This experience has made me want to make underserved populations and possibly international medicine a larger part of my future as a physician.

My participation in this program has strengthened my desire to work with medically underserved populations in the future.

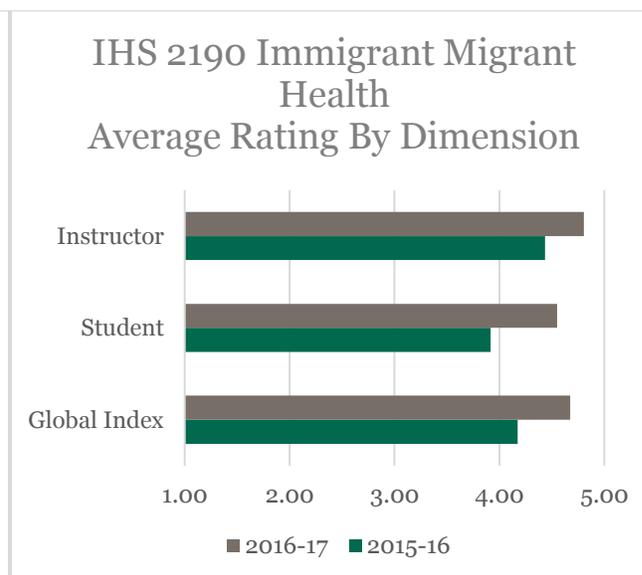
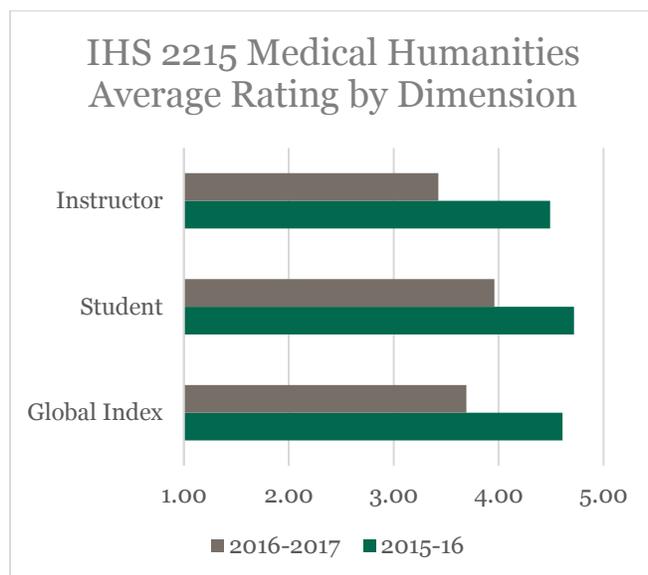
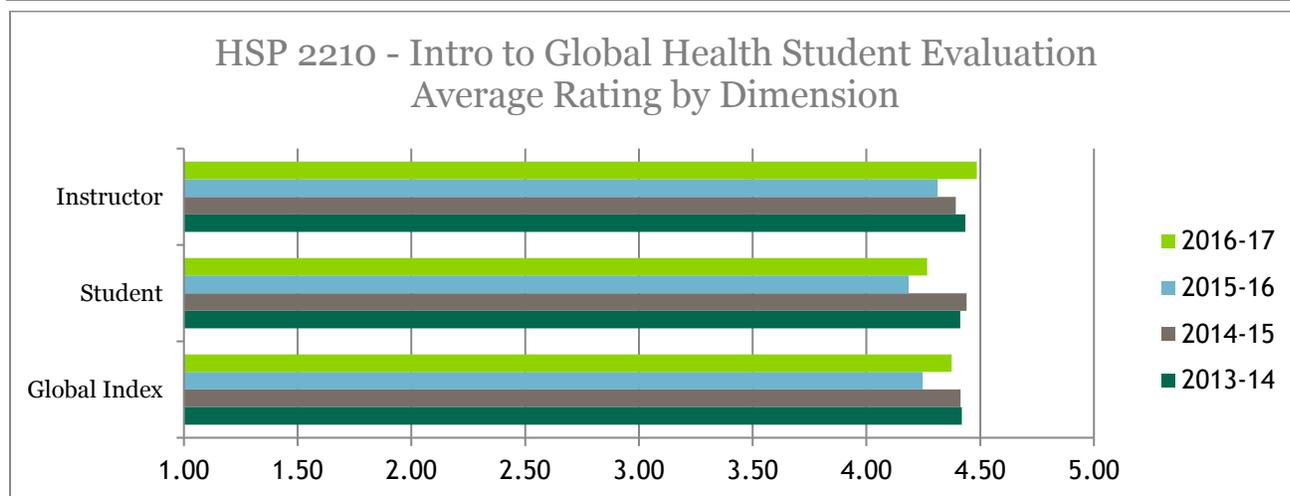
Coming into this trip I actually did not have a major. This gave me firsthand experience and let me see what I enjoy to do. It is helping guide me in the right direction.

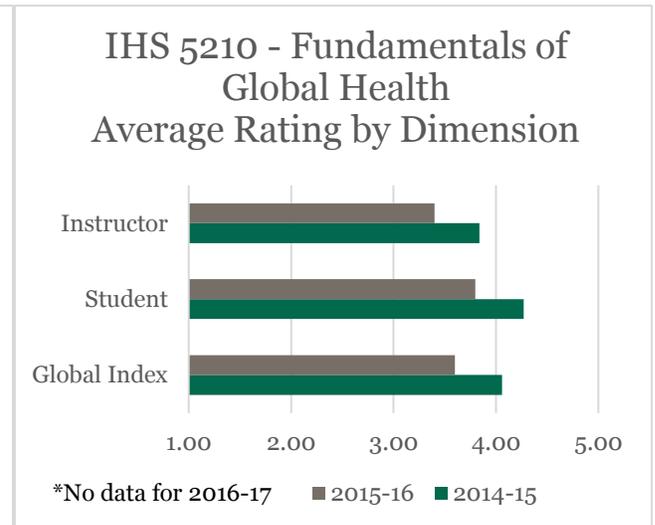
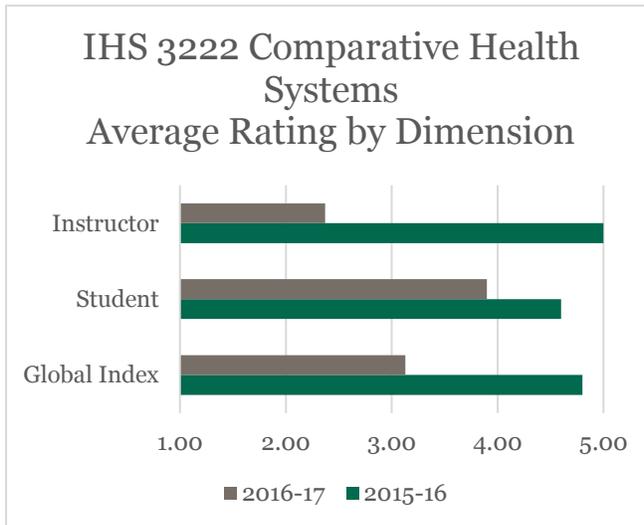
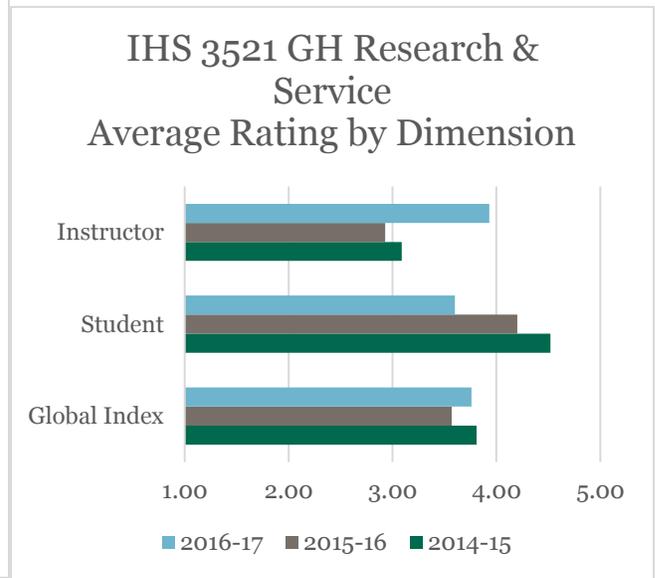
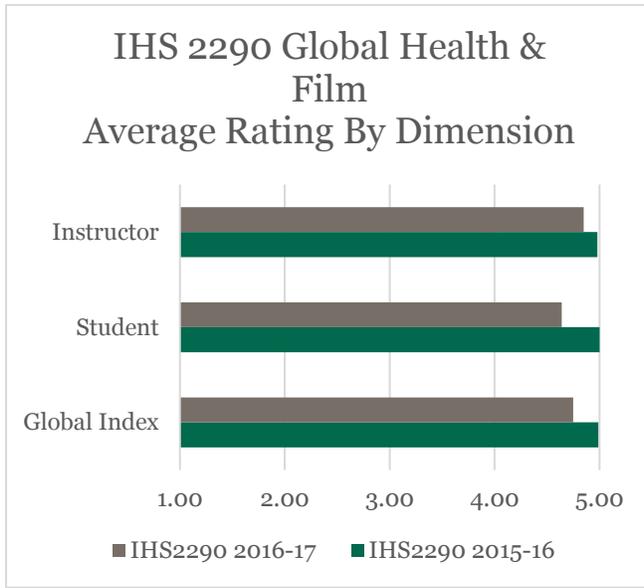
I still have a strong interest in pediatric medicine after the program. I have a new appreciation for the impact culture can have in medicine and I feel better suited to recognize the challenges and face them.

# Global Health Course Participation



## Global Health Course Evaluation





## Events & Other Activities

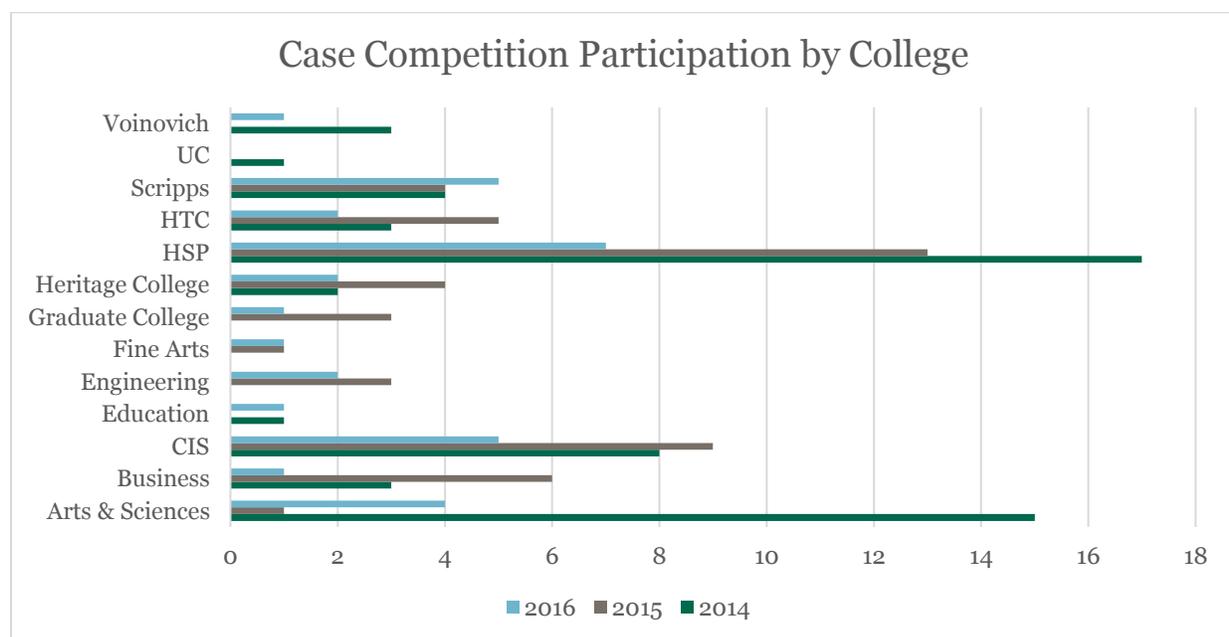
### Global Health Case Competition



The third annual Global Health Case Competition took place on November 19, 2016 during International Education Week. Eight teams, comprised of 15 graduate students and 17 undergraduate students representing 12 colleges, participated in this year's competition. In 2016, the case focused on the negative impact of climate change on resource-scarce neighborhoods of the Baños communities in Paraguay. Kerri Shaw, an instructor in OHIO's Department of Social and Public Health and director of the Paraguay: Explore, Connect, Serve Program, developed the case.

First-place was awarded to Team Tranquilo, which included: Fifi Embaye, a master's student studying social work; Ellen Haile, an undergraduate majoring in political science; Brenna Innocenzi, an undergraduate majoring in exercise physiology; and Abby Young, a junior majoring in communication studies. Team Tranquilo's proposal addresses the health risks in the community of Bañado Sur in Paraguay by implementing a multi-faceted health and environmental solution with a goal of reducing health risks by increasing health promotion awareness and reducing environmental risks by repurposing trash.

Members of Team Tranquilo, along with Meredith Gartin, PhD travelled to Paraguay in May of 2017 to further research the feasibility of their proposed solution. Team Tranquilo met with a number of organizations, to pitch the bottle brick solution. Through meeting with these organizations, Team Tranquilo found that recycling is a deeply valued norm and practiced behavior in the Paraguayan culture to the "bottle brick" idea was well received by the different communities. Team Tranquilo also concluded that there would be difficulties and obstacles in implementation of their solution as the residents do not own the land where they live. This means that any sustainable initiative to improve housing must be done in collaboration and with the support of the government (Unpublished Report by Team Tranquilo, 2017).



## Student Awards



**Nicole Joyner-Powell on left with a family member she was able to visit while on a CFHI program in the Philippines**

**Nicole Joyner-Powell** was awarded with the 2017 Heritage College Global Health Award. This award is given annually to a graduating medical student who has shown a commitment to Global Health through their four year career at the Heritage College.

Nicole, who had never travelled abroad before, participated in Child Family Health International (CFHI) Programs in Ecuador and The Philippines while a medical student.

## Marketing/Awareness Events

- Presentation to Heritage College Year One - August 17, 2016
- Global Opportunities Fair – September, 12, 2016
- Using Your Global Health Experience For Jobs & Graduate Degrees – September 28, 2016
- Global Public Health Presentation – Wealth & Poverty Theme – September 28, 2016
- HSP Majors Fair – October 12, 2016
- IHS Certificates Recruiting Event – October 13, 2016
- Pre-Nursing Learning Community Presentation – November 1 & 3, 2016
- Global Health Case Competition – November 19, 2016
- Global Health Open House – November 30, 2016
- World Aids Day – Co-Marketing speaking event with AMSA – December 1, 2016
- Presentation for *The Power of Connection Education Through Research in the Health Sciences* – March 2017, College of Health Sciences & Professions

## Committees

Gillian Ice, Ph.D. MPH	<ul style="list-style-type: none"> <li>- Chair of the University International Council (UIC)</li> <li>- Heritage College Executive Committee, 2013-</li> <li>- Advance Studies Advisory Committee, 2013-2016</li> <li>- Advisor AMSA and IFMSA, 2010-</li> <li>- Admissions committee 2016-</li> <li>- Global Engagement Awards Committee, 2014-</li> <li>- Public Health Task Force, 2014-</li> <li>- Aging and Wellness Collaborative, 2014-</li> <li>- Study Abroad Graduate Travel Award Review Committee, 2012-</li> <li>- Fulbright Review Committee, 2013-</li> <li>- Study Abroad Risk Assessment Committee, 2012-</li> <li>- Botswana Relations Task Force, chair, 2013-</li> <li>- University International Council, 2004- (chair as of 5/16),</li> <li>- Senior International Management Team</li> <li>- Judge, Ohio University Expo, 2004-</li> <li>- Ohio Women’s Mentoring program 2016-17</li> </ul>
Meredith Gartin, Ph.D, MA	<ul style="list-style-type: none"> <li>- Office of Global Opportunities Merit scholarship Review Committee, 2016-17</li> <li>- Judge, Ohio University’s Student Research and Creative Activity Expo, Athens, OH, 6 April 2017</li> </ul>
Debra McBride, MA	<ul style="list-style-type: none"> <li>- University Service Learning Committee 2016-17</li> <li>- UIC Mobility Subcommittee 2017</li> </ul>

## Associations

Gillian Ice, Ph.D. MPH	<ul style="list-style-type: none"> <li>- American Association for the Advancement of Science, member</li> <li>- American Journal of Human Biology, 2014-present (reviewer, advisor)</li> <li>- Association for Anthropology and Gerontology, President (2001-2003)</li> <li>- American Association of Anthropologists, Member</li> <li>- American Association of Physical Anthropologists, Member</li> <li>- Gerontological Society of America, Fellow</li> <li>- Human Biology Association, Fellow &amp; Secretary Treasurer (2004-2008), Chair Nominations and Elections (2014-2015), Program committee (2017-)</li> <li>- Journal of Cross Cultural Gerontology, 2001 – present. (reviewer)</li> <li>- Ohio Association Gerontology and Education, Board Member (2008-2012)</li> <li>- Society for Applied Anthropology, Fellow</li> <li>- Society for Medical Anthropology, Member</li> <li>- Board Member Factory Street Studio</li> </ul>
Meredith Gartin, Ph.D	<ul style="list-style-type: none"> <li>- Global Health Council</li> <li>- Society for Applied Anthropology</li> <li>- NAFSA: Association of International Education</li> </ul>
Debra McBride, MA,	<ul style="list-style-type: none"> <li>- Judge, The Partnership for Excellence</li> <li>- Alumni Examiner, Examiner Trainer, Baldrige Performance Excellence Program</li> <li>- National Peace Corps Association</li> </ul>

## Achievements/Recognition

Dr. Meredith Gartin received CHSP Rookie of Year Recognition at Annual State of the College Address

Debra McBride received CHSP Recognition at Annual State of the College Address

Graduate Student Maria Modayil represented Ohio University as student representative to the Consortium of University for Global Health

## 2016-17 Grants

- \$18,300 Ice, Gillian, McBride, Debra and Machtmes, Krisanna. Global Health Learning Outcomes and Program Evaluation. (2016-2018)
- \$17,970.00 Ohio University 1804, “Global Health Case Competition,” (PI D. Meyer, CO-PI GH Ice), 2015-2017. (Completed 6/2017)
- Not Funded 2016 Ohio University Baker Award, “Assessing the experience of an interprofessional study abroad using a mixed methods approach.” (PI: E Harper, CO-PI: GH Ice), \$11,614.04. Not funded, revising.

- \$15,000 American International Health Alliance/CDC, "IHS-OU Twinning for HIV/AIDS curriculum integration". Funded via HRSA, CDC/PEPFAR.
- \$15,000 Sub-contract and \$xxx available for partnership training programs. Funded (no-cost extension, 2016-2017).

## Botswana Twinning Partnership

The OU-IHS-G Twinning Partnership has been supported by the American International Health Alliance (AIHA) since 2013. This partnership with the Institutes of Health Sciences has been focused on health systems strengthening, with an emphasis on curriculum development in nursing. AIHA received funds from CDC-PEPFAR and HRSA to support these project. Partnership activities have included a variety of exchange visits to and from Botswana. Faculty from both CHSP and HCOM have participated. Initially the focus of the project was assisting IHS-G to upgrade their curriculum from a diploma program to a degree program. In 2015-16 the focus was on integrating HIV/AIDS learning outcomes across all curricula taught at IHS. In November, 2015, we hosted the principal of IHS and the Ministry of Health IHS coordinator at Ohio University. Sallie Marinellie and Debra McBride traveled to Botswana to provide a curriculum development workshop at IHS in February 2016. In June 2016, Gillian Ice, Marape Marape, Caroline Kingori and Zelalem Haile held research workshops. The first workshop was for IHS faculty who had not previously participated in the OU-MOH-University of Botswana Research Training Program. The purpose of the program was to provide a basic overview of the research process. The second week was a continuation of the 2015 Research Training Program with previous participants and the newly trained IHS faculty. One of the goals of the initial training program was to assist the Botswana MOH to analyze and publish results from their national HIV/AIDS survey, Botswana AIDS Impact Survey (BAIS). At the start of the week, participants were given an overview of the BIAS survey and asked to pick a topic. Throughout the week, participants were instructed on the process of completing secondary data analysis and presentation/manuscript preparation. On the last day, the trainees, in four groups, presented the results of their projects. OU faculty are currently working with the teams to develop these presentations into manuscripts. One abstract has been submitted. The success of these workshops has encouraged the team to seek funding to continue and expand a research training program for Botswana and beyond. GHI has been awarded a sub-grant for the twinning project of \$15,000.

The project was given a no-cost extension in September 2016, however, with the change in US administration and CDC country director, the remaining funds were revoked due to changes in the PEPFAR priorities. Unfortunately, this meant that students enrolled in the online MSN were not able to complete their studies and we were not able to hold the final planned exchange. In 2017, GHI did support an extension of the research training program that focused on field research and involved participants from IHS, the community clinic in Oodi and Institute for Development Management (IDM). Additionally, two screening events were held, during which data were collected on nutrition, body size and chronic disease. This project received ethical clearance from OHIO IRB, University of Botswana IRB and the Ministry of Health IRB. It engaged faculty and students from CHSP, HCOM, IDM and UB. The results of the BAIS data collaboration had resulted in three presentations, one manuscript submission and 3 additional manuscripts in preparation. Results from the recent data collection have been accepted for presentation in 2018. GHI is currently in discussions with MOH, IHS and IDM to continue the research training program with support from local sources.

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## 1804 Grant - Global Health Case Competition

The 2015, 1804 Grant awarded to Deborah Meyer, Visiting Faculty with the Global Health Initiative, provided funding to create interprofessional and experiential opportunities to learn about global health issues through the Global Health Case Competition. The Global Health Case competition started in 2014 in order to provide students from multiple disciplines with the opportunity to “solve” a complex health case in a resource-poor country developed in-part with the local community. Winners of the competition travel to the country where they collaborate with local stakeholders in assessing the feasibility of their proposed solution.

GHI received 1804 funding after the first competition in November 2014. With the funding, GHI proposed to expand the number of students participating in the experience and to provide start-up funds to provide ongoing opportunities for fieldwork and research in the countries of focus of the competition. GHI would sustain these opportunities through ongoing Global Health programming.

In 2015, the Global Health Case competition focused on addressing non-communicable diseases in Botswana. GHI used the 1804 funds to expand marketing efforts for the case competition and to allow for partial funding for the second place team to participate in the in country assessment and travel. Sixteen teams registered for the 2015 competition, with 11 teams submitting proposals. Full funding for travel to Botswana in 2016 was provided to the first place team, with partial funding being offered to the 2<sup>nd</sup> place team. One member of the 2<sup>nd</sup> place team chose to participate and travelled with the first place team to meet with community members to assess possible interventions.

The feasibility study conducted by the travelling students in the summer of 2016 identified a need for a nutrition education clinic at a rural site in Botswana. This led to creation of a new component of the existing Botswana Healthcare program that expanded opportunities for nutrition students to participate in the program. In the summer of 2017, an OHIO Graduate Student and two undergraduate students in nutrition joined the program. These students participated in a nutrient analysis of typical Botswana meals in a University of Botswana nutrition laboratory and conducted a nutrition study in two communities to identify dietary changes and other interventions to address non-communicable diseases in the area. Students participating in 2016 also suggested that planning before Case Competition travel be more formalized and that a course credit be offered for the pre-planning. Both of these suggestions were implemented in 2017.

In 2016, the Global Health Case competition focused on the impact of climate change and increased flooding in Paraguay on health and security issues. The winning team proposed to explore the idea of recycling plastic bottles as bricks for construction. In meeting with the Peace Corp (in Paraguay) where they have initiated other bottle brick projects and in some ecological focused colleges, the team found their idea to be viable and in practice. As a result of this experience, Kerri Shaw (also a former Peace Corp Volunteer in Paraguay) plans to open her program to other majors beyond Social Work. She plans to take a year off during AY 2017-2018 to build in more activities around the flooding incidents in neighborhoods and working with organizations that we met last year. There is some discussion as well to implement a small bottle brick project with a local school and organization, in which Kerri Shaw has connections.

## 1804 Grant - GH Program Learning Outcome Evaluation

In 2016, Gillian Ice, Krisanna Machtmes from the Patton College of Education and Debra McBride submitted and received an 1804 grant to develop and implement an evaluation program for global health study abroad experiences with the purpose of measuring learning outcomes and improving the educational experience of student participants.

Given her background in research, Meredith Gartin joined the project as a co-investigator and corresponding investigator when she hired as the Global Health Program Coordinator in July 2016. During the first year Dr. Gartin and the PIs developed the initial research protocol. A post-trip evaluation was implemented during the 2017 summer programs. Dr. Gartin and graduate students working for the Global Health Initiative started qualitative and quantitative analysis during the 2017-18 academic year. The initial results will be reported in the 2017-18 Annual Report.

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## Presentations, Publications and Research

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- Farbman\*, A, Ice, GH, Williams, SR, Haile, Z (2017). Family living arrangements and wellbeing among older Russians. Presented at the Human Biology Association meetings, April 2017.
- Haile ZT., Kingori, C., Chavan, B., Francescon, J. (2017). Association between risky sexual behavior and cervical cancer screening among women in Kenya: A population-based study. 2017 Annual CUGH Global Health Conference. Washington, DC. April 6-9, 2017
- Haile, ZT., Ice, G. (2016). Do Shifting Living Arrangements Impact Wellbeing among Older Persons in Ghana and South Africa?. 2016 Gerontological Society of America Annual Meeting. New Orleans, LA. November 16-20, 2016.
- Gartin, M (2017). Global Health Learning Outcomes and Assessment: The Case of OHIO Experiential Learning Programs (poster presentation). 2017 Teaching Global Health: Summer Institute for Undergraduate Curriculum and Course Design, Allegheny College, Meadville, PA, 19 - 21 June 2017.
- Gartin, M., C. Behrman, and I. Rodriguez-Soto. 2017. Assessing Assessment: Are the Dynamics of Acculturation in Refugee Resettlement Amenable to Measurement? (invited paper). Society for Applied Anthropology, Santa Fe, NM.
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