PROVIDENCE
COLLEGE

7th Annual Undergraduate Conference On Health & Society

Program

April 16, 2016

THE DAY AT A GLANCE:

Welcome/Breakfast in Slavin 116	8:30am – 9:30am
Panel 1 Presentations | Harkins Hall 301	9:45am – 11:00am
Panel 2 Presentations | Harkins Hall 332	9:45am - 11:00am
Panel 3 Presentations | Harkins Hall 332	11:15am - 12:30pm
Lunch | Slavin 116	12:45pm - 1:30pm
Presentation of the Francis X. Archambault Paper Award	1:30pm - 1:45pm
Alumni Career Panel | Harkins Hall 300	2:00pm - 3:00pm

PANEL 1 | CHRONIC DISEASE

9:45a – 11:00a | Harkins 301

FACULTY DISCUSSANT | DR. SAEED HYDARALLI, ROGER WILLIAMS UNIVERSITY

"Smoke and Mirrors: The Medicalization of Contested Illnesses"

ASHA DASIKA, MCPHS UNIVERSITY

Fibromyalgia (FM) and Chronic Fatigue Syndrome (CFS) are both referred to as contested illnesses in certain corners of the medical community. Lacking clear diagnostic tests and observable causes, significant controversy regarding biological and/or psychological factors in symptom appearance as well as proof of legitimacy surrounds contested illnesses. While the medical community recognizes the possibility of psychological contributions, the patient community appears convinced of purely biological origins. As a consequence of the vague nature of contested illnesses and disagreement among patients and providers, patients often experience perceived discrimination as their ailments become trivialized.

In recent years, contested illnesses have become increasingly medicalized. As such, they have received increased public attention, research, designated prescription treatment, and biological identities. While for uncontested illnesses medicalization provides assurance, an explanation, and a sense of comfort, in the context of contested illnesses like FM and CFS, it presents a false certainty in cause and treatment. Consequently, patients become identified with certain aspects of their illnesses that may not be accurate and do not lend themselves to optimal care.

In this presentation, I will demonstrate the negative ramifications of medicalization on contested illness treatment. I will discuss how medicalization has led to belief in false certainty of cause and has narrowed patients' understandings of their illnesses. I will also explain how medicalization has caused strain on the patient-provider relationship by widening the gap between patient and expert knowledge. Finally, I will suggest steps to be taken that will counteract medicalization and hopefully improve contested illness treatment.

“Morality and Diabetes: Ethical Implications of Relating Moral Character to Control of Chronic Illness in Young Adults with Type 1 Diabetes"

MEGAN KETCHELL, PROVIDENCE COLLEGE

During the summer of 2015, I conducted original ethnographic research among college students aged 18-25 with insulin-dependent type 1 diabetes. The purpose of this study was to document a better understanding of moral language in diabetes care practices. Focusing on topics within medical anthropology and bioethics, I sought to investigate if, and how, morally charged language informs the patient experience of chronic disease. The results of this study show how moral language about choice, control, responsibility and risk is regularly used to describe daily diabetes management habits. I argue that young adults with diabetes internalized a moral imperative to prioritize health. This moral obligation to health contributed to participants’ conceptions of self and influenced their characterizations of other diabetics. Though the clinical approach to type 1 diabetes care has relaxed some since the highly moralized treatment philosophy of the mid-twentieth century, some harmful assumptions linking patient character to ability to comply with a prescribed treatment regimen still function in the culture of type 1 diabetes care. I present the results of this study which show that language tying patient worth to treatment compliance fails to display the complexity of striking a balance between hypervigilance and negligence in daily diabetes care routines.

"Area-Level Determinants of Blood Pressure Across the Lifespan”

DAVID MOLINA, UNIVERSITY OF RHODE ISLAND

Previous research shows that neighborhood factors may play a significant role on individual health outcomes. Blood pressure is a health outcome of interest, as it contributes substantially to cardiovascular disease-related deaths. Cardiovascular disease remains the leading cause of deaths in America. Studies to date have had limited abilities to determine if there are sensitive periods in the life course for when neighborhoods may have the strongest effects on health. In the current project, we are leveraging data from the New England Family Study (NEFS), a longitudinal study divided into sub-studies called EdHealth and Longitudinal Effects on Aging Perinatal (LEAP) to answer this question. Participants were born between the years 1959-1966. The three age ranges that have neighborhood assessments are in utero, childhood (4 months- 7 years old) and middle age (mean age 47 years.) For the purpose of this study, neighborhood factors will be limited to the socioeconomic status of the neighborhood. Directly assessed systolic and diastolic blood pressure are available at childhood and middle age. The study objective is to determine at what age group neighborhood factors have the strongest associations with adulthood systolic and diastolic blood pressure, and with longitudinal changes in blood pressure from childhood to adulthood. To achieve this objective, we will perform preliminary data analyses on 50 NEFS participants born in the Boston area. These findings will provide pilot information that may eventually lead to improved knowledge on social determinants of blood pressure, and highlight potential area-level targets for intervention.

PANEL 2 | INVISIBLE ILLNESSES

9:45am – 11:00am | Harkins 332

FACULTY DISCUSSANT | DR. DEBORAH LEVINE, PROVIDENCE COLLEGE

"Making the Invisible Visible: Profiles of Sarah Lawrence Students with Invisible Disabilities"

ANDREA CANTOR, SARAH LAWRENCE COLLEGE

My paper explores “invisible disabilities,” a term that I use liberally to include psychological and chronic illnesses as well as disabilities that go through periods of visibility and invisibility. The crux of my research is through Sarah Lawrence College student profiles including my own story. The interviews focus on how invisible disabilities impact social and academic lives.

Through these accounts, I examine the stigmatization of invisible disabilities, the medical hierarchies when compared to visible disabilities, and the hierarchies within each illness’s community. In order to structure this diverse research, I group interviews into sections by overarching classifications: chronic flare-ups, daily-managed disabilities, contested illnesses, and psychological disabilities. These sections are prefaced by relevant sociologists’ research.

The first section of chronic-flare ups includes profiles on Crohn’s disease, and systemic lupus erythematosus, and explores the fluctuations of health. In contrast, the second section of daily-managed disabilities, which contains profiles on central auditory processing disorder, Asperger’s syndrome, and type 1 diabetes, surveys the daily impact on self. The third section of contested illnesses, which incorporates profiles on Attention Deficit Disorder, Lyme’s disease, and fibromyalgia, highlights de-legitimization. In the fourth section of psychological disabilities, which comprises profiles on depression, and anorexia nervosa, examines the tangible manifestations of psychological issues.

I conclude that America’s neoliberal mindset focuses on the superficiality of health, and such as race, we must check our privilege with health and ableist terminology. We must look beyond skin deep and recognize the realities of what cannot be seen.

"Not Monsters, but Men: The Problem of Moral Injury"

EMMA HODGES, PROVIDENCE COLLEGE

In recent years, it has been discovered that post-traumatic stress disorder (PTSD) is not the only wound that plagues veterans after combat. Moral injury, the wound and psychological burden of witnessing or taking part of actions that transgress one’s moral code, has begun to be found increasingly in soldiers, especially of those involved in modern wars. Studies have shown that 27% of deployed veterans reported witnessing or being involved in ethically challenging situations in which they did not know how to respond. Furthermore, in a study of 3,000 troops, it was found that 28% of Marines and 14% of Army soldiers were involved in the death of a noncombatant, and that 89% of Marines and 69% of soldiers saw injured or ill woman and children that they could not help. Men and women are taught ethical standards from birth, learning what is right and wrong and are thought to be innately good, as argued by the philosopher Jean-Jacques Rousseau. However, these standards that are taken for granted are completely absent in the violent and merciless atmosphere of combat. Plunged into this intense environment, soldiers are inadequately trained or prepared for the ethical decisions they will face or the morally perilous acts they may witness. As a result, they receive “soul wounds” that linger with veterans for the remainder of their lives.

"The War at Home: Post-Traumatic Stress Disorder Treatment and the Road Ahead"

AUBREY LEGASSE, PROVIDENCE COLLEGE

Posttraumatic stress disorder (PTSD) is a debilitating disorder that afflicts the Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom (OEF/OIF) veterans, which in recent years has had renewed attention in professional fields, such as psychology and military science. However, many individuals in society are unaware of PTSD’s growing prevalence, and this growth calls for awareness and action. In a poll conducted by Pew Research Center, 71% civilian correspondents stated that they did not understand the problems, including mental illnesses, faced by those in the military (Pew Research Center, 2011). In contrast to the general unawareness of PTSD, 58% of OEF/OIF veterans receiving health care from the VA between 2002-2008 were diagnosed with PTSD, making PTSD the most commonly diagnosed mental disorder among OEF/OIF veterans in the VA system (Aakre, Himelhoch, & Slade, 2014).This paper discusses how society and social media often stigmatize the diagnosis of mental disorders, and PTSD is no exception. Stigma and general naiveté surrounding PTSD leads individuals to hide from treatment and suffer in solitude. Unfortunately, individuals with PTSD, particularly those who proceed without treatment, experience debilitating symptoms such as reliving the traumatic event(s), hyperarousal, and avoidance of particular situations that may worsen their symptoms.

Additionally, this paper provides an analysis of PTSD’s transformation throughout different editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and it presents descriptions and assessments of common treatments. Aside from a clinical view of PTSD, this paper illustrates the burden of PTSD with five narratives of veterans who suffer from PTSD, including their struggles, treatments, and progress. This paper aims to highlight the importance of being aware of psychological disorders such as PTSD and its debilitating effects on those who serve in the armed forces, and correctly diagnosing and treating this psychological disorder. PTSD keeps these veterans fighting the war overseas, even though they have physically returned to the United States. Veterans continue to experience the memories and fear among other sensations they encountered during the war in a way that prevents them from fully returning to their life at home. These veterans deserve proper treatment without fear of the stigma surrounding PTSD and mental illness as a whole. Society must realize that these individuals deserve respect, proper treatment without penalty, and most importantly, these veterans deserve to finally return home.

PANEL 3 | ETHICS & PUBLIC HEALTH

11:15am - 12:30pm | Harkins 332

FACULTY DISCUSSANT | DR. ROBERT HACKEY, PROVIDENCE COLLEGE

"*Ethical Challenges in Emergency Medical Services*"

HAYLEE KURKOSKI, ROGER WILLIAMS UNIVERSITY

The world of Emergency Medical Services (EMS) comes face-to-face, on a daily basis with a massive variety of emergency medical concerns and traumatic injuries, some of which can be life-threatening. Paramedics and EMTs welcome new babies, treat respiratory distress, handle cardiac failure, and everything and anything in between. Undoubtedly, they save lives. As an EMT, I can personally attest to the amount of support and care that EMS provides to the public. According to the World Health Organization (WHO), effective prehospital care often minimizes the severe outcomes of serious injuries and medical crises that lead to long-term morbidity and mortality. However, while EMS has certainly helped save lives, there is much room for improvement and better care. For example, better relay of information, specifically the information regarding a patient's past medical history, allergies to medications, and current medications are extremely important when treating unconscious individuals or patients with an altered mental status that show no clear or outward symptoms of probable causes. Often in this case where this crucial information is not known, the most probable causes (such as hypoglycemia, a drug over-dose, or a seizure) are slowly crossed off the list. Even with a suspected problem, the patient's current unknown medication or their possible allergies to medication limits the treatment that can be applied. In this paper, I explore how the benefits of EMS have influenced the lives and health of individuals, and how better ways of getting a patient's past medical history, allergies to medications, and current medication can be applied to improve prehospital emergency treatment.

"*Cultivating Humanity in Medical Education Through Literature to Change End-of-Life Care*"

RACHEL OBEID, MCPHS UNIVERSITY

In this project, I will highlight and describe the importance of reading narrative texts and incorporating them into health care education in order to help future and current providers improve the experience of dying for patients and their families. While the biomedical approach to medicine and the exponential growth of technology have made great strides in prolonging life and curing illnesses, there arises an unintended consequence of inhumane practices in end-of-life care. Promoting humanistic care can be achieved through the study of all kinds of texts, such as fiction, non-fiction, "high" culture, pop culture, and visual and performing arts. Fictional narrative, in particular, possesses an inherent potential to dramatize emotions and events of patient-provider interactions, to limitlessly explore characters' perceptions and thoughts, and to distort or fabricate details in order to effectively communicate its argument. I will examine several texts, such as Wit by Margaret Edson, How We Die by Sherwin Nuland, as well as others (see Works Cited), to demonstrate the transcendence of evidence-based studies and to suggest a methodology for their humane application in medical education. While some medical schools, such as the University of South Dakota Sanford School of Medicine, have an interdisciplinary medical humanities program, there is still a long way to go. Essentially, I will argue that the humanities, specifically through narrative texts, should be incorporated into medical education in order to understand the importance of studying and applying medicine in a way that is not only medically efficient and effective, but also humane.

"Using Popular Culture to Succeed in the Vaccine War"

JENNA WAHL, PROVIDENCE COLLEGE

In recent years, vaccination rates in the United States have decreased dramatically as a result of the influence of popular culture. In 1998, a study conducted by British Dr. AJ Wakefield found a correlation between autism and vaccines. This study, later retracted by its publisher, acted as a catalyst for the anti-vaccine movement, arguing that vaccines are not safe, especially for children. The anti-vaccine movement quickly gained the support of parents and communities in the 2000s by questioning the safety of vaccines using the Web 2.0, media, and celebrity advocacy. As a result of this movement, the United States is seeing low vaccination rates and encountering diseases that had been controlled or even eradicated in this country for several decades. While the pro-vaccine community has attempted to counter the effects of the anti-vaccine movement by relying on scientific studies arguing that vaccines are safe, it has been unsuccessful. The pro-vaccine community has failed to recognize that scientific studies are not fully understood by the average American and that most Americans depend on information offered in popular culture. In this paper, I provide historical background to explain why the United States has questioned the safety and need for vaccines. I argue that in order to successfully increase vaccination rates in the United States, and, thereby, protect the health of all citizens, the pro-vaccine community must garner support and convince the public that vaccines are safe, effective, and important using popular culture, namely the Web 2.0, media, and celebrity advocacy.

LUNCH | 12:45 -1:30PM | SLAVIN 116/EXECUTIVE DINING ROOM

Members of the Providence College Health Care Club will be available to guide presenters and guests to and from our lunch in the Slavin Center. At the conclusion of our luncheon, HPM faculty will present the *Francis X. Archambault Award* for the best paper delivered at this year's conference.

ALUMNI CAREER PANEL | 2:00-3:00PM | HARKINS 300

Several recent program alumni will share their experiences in finding internships and jobs after graduation from Providence College. Alumni will entertain questions about job searches, career possibilities, and life after HPM.

ANYA BURZYNSKI '14, MPH CANDIDATE | BOSTON UNIVERSITY
MEAGHAN DREES '13, HEALTHCARE TRANSACTIONS ASSOCIATE, ATHENAHEALTH
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Acknowledgements

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Dr. Saeed Hydaralli, Roger Williams University
Dr. Deborah Levine, Providence College

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This conference is made possible by the generous support of the Canavan Family Fund, Francis X. Archambault, and the Office of Institutional Advancement.

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THANK YOU FOR ATTENDING THE 7TH ANNUAL UNDERGRADUATE CONFERENCE ON HEALTH & SOCIETY AT PROVIDENCE COLLEGE!

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