PC 100 YEARS

PROVIDENCE COLLEGE

8th ANNUAL UNDERGRADUATE CONFERENCE ON HEALTH & SOCIETY

PROGRAM

APRIL 22, 2017

The Day at a Glance:

Welcome/Breakfast	Ruane 2nd Floor	8:30am – 9:00am
Panel 1 Presentations	Ruane 206	9:15am – 10:30am
Panel 2 Presentations	Ruane 206	10:45am - 11:35am
Lunch	Ruane 2nd Floor	11:45am - 12:45pm
Panel 3 Presentations	Ruane 206	1:00pm - 1:50pm
Panel 4 Presentations| Ruane 206	2:00pm - 3:15pm

Panel 1 | Generation Z & Challenges to Accessibility
9:15a – 10:30a | Ruane 206

Student Discussant | Elizabeth Weber '17, Providence College

"Current Knowledge of, Confidence in, and Willingness to Perform Compression-Only CPR Among University Students"
Kate Magid, Brown University | 2017

Objective: Bystander CPR saves lives. While teaching students CPR is an important way to improve bystander CPR rates, relatively little is known about university students' knowledge, comfort and willingness to perform CPR.

Methods: Survey of undergraduate students at a university in the United States.

Results: 464 of 500 students approached (93%) completed the survey. The mean age was 19.5 years, 51% were male, 58% were white, and 11% were Hispanic. 55% of students had prior CPR training, and the majority of those (62%) were trained ≥ 2 years ago. White (61%) participants more likely to have recent training compared to African American (45%), Asian (40%) and Hispanic (37%) respondents. While 82% of students identified when to use CPR, less than half knew the correct chest compression depth (41%) or frequency (32%). Only 37% of respondents felt confident in their CPR abilities. Sex and race-based differences were observed for confidence in CPR abilities with men (45%) more likely to report higher confidence than women (27%); Asian students were less likely to report confidence than other racial groups. Sex and race-based differences in willingness to perform CPR were explained by differences in confidence.

Conclusion: Less than half of university students have basic CPR knowledge and a majority do not feel confident in performing CPR. Gaps in prior training, knowledge and confidence are more prevalent among women, Hispanic, and non-white students. There is a need for CPR trainings on university campuses to address gaps in knowledge of and confidence in performing compression-only CPR.

"Access to Insurance for Foster Cared Youth"
SARA YAGAN, ITHACA COLLEGE | 2017

In the United States of America, the foster care system is far from perfect; countless individuals believe that it is a failed system, hurting the most vulnerable population: the youth. According to the Children's Rights Organization, they consider the State's child welfare system to be "badly broken," causing suffering and harm to America's children. As of 2014 the U.S. has 415,129 children in the foster care system. The improvements that the ACA and the Children's Health Insurance Program made in 2010, allowed millions of Americans to access health coverage that was affordable and easily accessible (Houshvar, 2014). In 2014, the ACA continued to implement provisions to the way Americans, and more specifically youth, were able to access health insurance. The ACA expanded its coverage to youth to either stay on their parents' insurance until the age of 26, or for formerly fostered youth to stay on Medicaid until the same age. Currently only 13 states have policies in place that make enrolling in health insurance easy for individuals in the foster care system. If implemented across the nation, the fostered youth population will be less likely to face majority of the struggles they are dealing with.

"Food Insecurity Amongst College Aged Students in the Boston Area using Socioecological Model"
VESSELINA TONCHEVA & ELIZABETH MARASHI, MCPHS UNIVERSITY | 2017

The purpose of this research is to identify and address the prevalent issues of food insecurity amongst college students of the Boston, Massachusetts area. The idea was to introduce the importance of obtaining the ability to access nutritious foods at affordable prices. Additionally, to reinforce the theory that there is food insecurity disparities amongst college aged students. The United States Drug Administration defines food insecurity as a state in which "consistent access to adequate food is limited by a lack of money and other resources at times during the year". The project plan is to implement a voluntary food insecurity survey to college students of the Boston area. The concept of the survey questions are based on the socioecological model theory. The purpose of the survey is to assess the incidence rate of food insecurity. With this research being done, it will create awareness to be able to address the food insecurity needs faced by college aged students. The anticipated outcome of this research is the identification of the food insecurity, and to create future policy implications to address the needs of college aged students of the Boston area.

PANEL 2 | TECHNOLOGY, ACCESS & THE PATIENT EXPERIENCE
10:45am – 11:35am | Ruane 206

STUDENT DISCUSSANT | KERRI MCBRIDE '17, PROVIDENCE COLLEGE

"Point of Care Technology for Underserved Populations"
ANNA MALONEY, MCPHS UNIVERSITY | 2019

Point of Care technology is an emerging healthcare field. This technology allows for rapid, inexpensive, on-site testing for otherwise lengthy and costly laboratory tests. Leading infectious diseases can be tested immediately in non-invasive ways similar to using a pregnancy test. This inexpensive, highly portable, and extremely accurate technology should be used for populations that have historically lacked access. Such access would result in immediate cost savings and life savings.

Underserved populations in America such as migrant workers or people living in poverty rarely receive the testing they require. Although clinics for illegal immigrants exist where they are protected and cannot be relocated due to their immigration status, many of these clinics do not conduct laboratory testing. When the laboratory tests are ordered for these people, they may not return for results due to lack of transportation, fear of debt, or fear of being deported.

With Point of Care technology, testing for diseases that most affect these populations including Tuberculosis, Diabetes, Hepatitis, and STI's can be done on site under the protection of the clinics at free or reduced cost. Providing increased access to testing benefits the targeted populations' health as well as the government through reduced healthcare related costs. This initiative prevents these diseases from progressing to hospital required stages or spreading to others, regardless of immigration status. I am in the early stages of contacting companies that produce P.O.C. devices to see if they would be interested in bringing these devices to the UConn Migrant Farmer Clinics.

"Technology as Limitation on the Affordable Care Act's Enrollment"
STEPHANIE ARRIAGA, PROVIDENCE COLLEGE | 2017

One of the unique features of the Affordable Care Act of 2010 was the internet-based marketplace to determine eligibility and enroll people in health insurance coverage across the United States. This original research was carried out to understand how uninsured individuals navigate the insurance marketplaces and to identify their reasons for receiving assistance in the enrollment process. Data for this research was collected through the use of ethnographic methods to observe enrollment events, perform audio recorded interviews and speak with healthcare professionals in two politically different states: Rhode Island and Florida.

This research documents the preferences and concerns of people seeking in person assistance and analyzes the barriers that participating individuals faced in accessing coverage during the 2017 open enrollment season. Across the two states, it was found that although many individuals of different ages were users of social media, the majority did not feel comfortable attempting to sign up for coverage online or could not complete the application on their own. These individuals repeatedly commented that the online insurance marketplaces are "too difficult," "complicated" and "just not user-friendly."

Based on these findings, I argue that it is essential to understand how this new technology has influenced the ways individuals make decisions about purchasing health insurance online in relation to other life circumstances. In addition, I urge for policy makers to understand the effect of implementation and experiences on the ground through qualitative research, such as this, when it comes to aiding a crucial purchasing decision like health insurance.

LUNCH | 11:45AM –12:40PM | RUANE 2ND FLOOR

PANEL 3 | IMPLEMENTING HEALTH(Y) POLICY
1:00pm - 1:50pm | Ruane 206

STUDENT DISCUSSANT | MARY KATE VIGNERON '17, PROVIDENCE COLLEGE

"Pharmaceutical Drug Pricing in the Face of the Public and Politics"
ANNA ERLANDSON, ITHACA COLLEGE | 2017

The pharmaceutical industry has inflated prescription drug prices at a rate concerning politicians, health insurance companies, and most importantly the public. As this legal and ethical issue draws more attention, the power and influence of the industry proves to succeed the political system. One out of four Americans reported having difficulty affording medication in 2015, while pharmaceutical profits have increased 10% in a 12-month period for the third year in a row in 2017. People simply can't afford necessary medication, increasing the burden of disease.

Outraging politicians and the public, Martin Shkreli hiked the price of Daraprim by nearly 5,000% in 2015, however, Turing pharmaceuticals acted entirely within the law. Regulation in the industry primarily comes from the Food and Drug Administration (FDA), under US code 505(b)(2), in regards to patent lengths. In addition, the FDA along with the Federal Trade Commission and Centers for Medicare and Medicaid Services have no rules or laws restricting set prices. Even the government, which covers nearly 60% of the population under government-assisted insurance programs such as Medicare and Medicaid, is barred from negotiating drug prices (Almberg, 2016).

The United States has traditionally incentivized drug development and research innovation. With a lack of regulation, the attempt is to create a balance by providing market incentives for innovation, and prospective market competition for affordable, generic alternatives. However, evidence shows a perpetuated cycle of greed through loopholes in FDA patenting protocols leave the most vulnerable unable to pay.

"Designing Healthy Communities"
ARIANNA REID, PROVIDENCE COLLEGE | 2017

The development of our first cities involved a collaboration between city planners and public health officials. Due to urbanization's rapid escalation, city engineers worked to develop plans that would make the cities less susceptible to diseases. In 1878, 17,000 Memphis citizens were infected with yellow fever. As a result, doctors and engineers created a map that surveyed the entire city in order to combat the spread. Building inspections for code requirements made it clear that a new urban infrastructure was needed. The production of fresh water and sewage systems along with the elimination of marshy and coastal wetlands, contributed to preventing the spread of disease. Planners intentionally began incorporating green spaces, or "breathing spaces", to separate large groups of people. These were much like the parks and recreational areas we have today. Overall, the health of the environment and community members should always be considered and implemented in city planning. Incorporating public health policies into the City Planning Department's comprehensive plan is one way to accomplish this. Namely, policies should include implementation and expansion of new transit systems, creation of newer and safer sidewalks and crosswalks, access to healthcare and healthy foods, and construction of lead-free homes. If these policies can be implemented successfully, both city planners and public health officials can help to eliminate costs associated with the health of specific communities and ultimately provide for a better means of living for all.

PANEL 4 | STIGMA, SICKNESS & THE SELF
2:00pm – 3:15pm | Ruane 206

STUDENT DISCUSSANT | KATELYN SEAVER '17, PROVIDENCE COLLEGE

"Mexicans in the U.S and HIV: Reviewing Social and Cultural Factors"
EDUARDO ALVAREZ, MCPHS UNIVERSITY | 2018

Mexican immigrants in the United States continue to struggle with disproportionate incidences of HIV infection. Behaviors that contributed to the development of AIDS among Mexican immigrants were the lack of condom use, engaging in risky sexual behavior, and not having HIV testing (Martínez Donate, et al., 2015). While these risk factors are preventable, religious and social stigmatization present within the Mexican community generate shame and embarrassment. This discourages Mexican immigrants from seeking health services, such as HIV testing. An estimated 20% of HIV positive Mexican immigrants are unaware of their condition, and contribute to the spread of the virus (Hall HI, et al., 2013). This paper will examine methods that address higher incidences of risky behaviors that contribute to the transmission of HIV within the Mexican immigrant population. Examining Marianismo, Machismo, Familismo, and Curanderismo's influence on gender roles, provides insight towards the complexity of how attitudes towards sexuality, fidelity, and lay definitions of health within the context of the American health care system is crucial to successfully treat this particular population. Mexican immigrants in the United States continue to face obstacles that disproportionately affect their reception to HIV prevention education. Developing strategies that overcome these challenges should incorporate consideration of cultural beliefs and social constructs that could inhibit reception to sex education and treatment. Creating new HIV education programs that engage positive social values present within Mexican immigrant communities has the potential for successfully reducing HIV infection.

"Trauma, Memory, and Memorialization at Kalaupapa Hansen's Disease Settlement"
SARAH SARGENT, SARAH LAWRENCE COLLEGE │2017

Kalaupapa National Historical Park, Hawaii is a site where approximately 8,000 people with Hansen's Disease (leprosy) were forced into exile. For over 100 years, those who were deemed "sick" were removed from their families and homes and sent away to Kalaupapa, where they were separated from the rest of society. This paper provides an overview of the history of Kalaupapa and a discussion of the intersections of geography, colonialism, and stigma in shaping Kalaupapa as a place of exile. It also explores the landscape of Kalaupapa as a place marked by cultural trauma, and discusses the potential roles of the landscape itself in either working through or repressing the trauma that has occurred there. In addition, the paper covers current plans for the memorialization, commodification, and tourism that may occur once the last Hansen's Disease patients at Kalaupapa are no longer living.

"Prevalence of patients' disclosure of sexual orientation to healthcare providers and its relationship to patient outcomes: A meta-analysis and review."
MADELINE FULLERTON, MCPHS UNIVERSITY │2018

Despite new healthcare recommendations to routinely collect sexual orientation data due to established patient-centered care initiatives aimed at reducing health disparities among lesbian, gay, and bisexual (LGB) patients compared to heterosexual patients, it is still unknown how many patients disclose their sexual orientation to providers, under what circumstances, and what effect disclosure has on subsequent direct (e.g., psychological wellbeing) and indirect (e.g., satisfaction with care) health outcomes. The present meta-analysis and review sought to identify the overall prevalence rate of sexual orientation disclosure to healthcare providers, facilitators and barriers of disclosure, vulnerable patient populations at risk of nondisclosure, and the relationship between disclosure and health outcomes. Thirty-five studies met the inclusion criteria yielding 38 independent prevalence estimates. Characteristics of patients, providers, location, and disclosure were extracted. Estimates for sexual orientation disclosure to healthcare providers ranged from .29 to .98. The random-effects pooled prevalence was .63 (95% CI: .58, .68). Disclosure prevalence estimates varied by patient, provider, location, and disclosure characteristics. In general, patients who disclosed compared to those who did not disclose reported higher satisfaction with their care, received more healthcare screenings, and reported better psychological and physical health. Future interventions should focus on specific patient, provider, location and disclosure characteristics in order to facilitate disclosure among all patient populations but in particular vulnerable patient populations including LB women and non-Caucasian, less educated and single LGB patients. Prevalence of patients' disclosure of sexual orientation to healthcare providers and its association with health outcomes: A meta-analysis and review

Acknowledgements

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