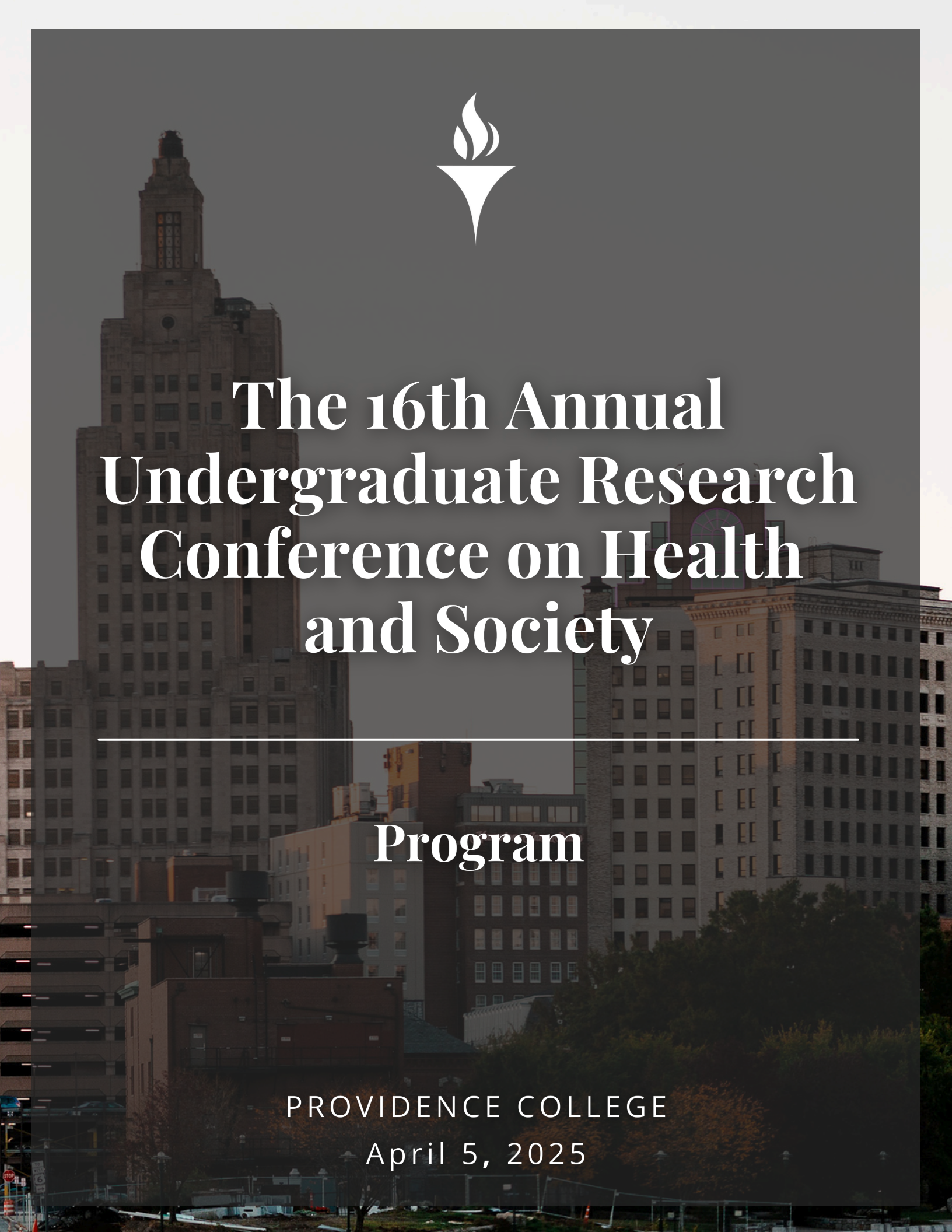

The 16th Annual Undergraduate Research Conference on Health and Society

Program

PROVIDENCE COLLEGE

April 5, 2025

16th Annual Undergraduate Research Conference on Health & Society

The Day at a Glance:

Welcome Breakfast and Registration (Mondor 107)	9:15am - 10:00am
Panel 1 Presentations	10:00am – 10:50am
Panel 2 Presentations	11:00am - 12:05pm
Lunch (Mondor 107)	12:15am - 1:15pm
Panel 3 Presentations	1:30pm - 2:30pm
Closing	2:30pm - 3:00pm

PANEL 1 | Healthcare Access, Disparities, and Systemic Barriers

10:00am – 10:50am

Faculty Discussant: Dr. Margaret Morrissey-Basler, Department of Health Sciences

"Procedural Deserts and Accessibility"

Kathrina Exantus, University of Connecticut| 2025

This study examines the relationship between childhood physical activity (PA) and long-term exercise adherence, while simultaneously focusing on the impact of legislative policies such as Bill S.350: An act relative to physical and social recess in schools. By analyzing social determinants of health and their associated barriers, this research aims to highlight the importance of promoting PA across pediatric and adolescent demographics. In addition, this research seeks to explore how legislative policies, particularly those related to childhood PA, impact lifestyle and exercise behaviors from an early age. Through a systematic review of literature and empirical analysis, this research study will examine the benefits of childhood PA and its impact on public health outcomes in adulthood. Additional aims hope to identify strategies for increasing PA in children and adolescents, with the goal of improving long-term exercise adherence. Lastly, this research further aims to inform policymakers, educators, and public health professionals about the critical role of PA in childhood development, its importance in shaping lifelong exercise habits, and the established correlation across the healthcare spectrum in mitigating associated public health risks.

"Observing the Organ Donation Participation Gap within the United States to Better Understand how to

Rohan Singh, The Pennsylvania State University | 2026

Today, in the United States, an estimated 90% of Americans claim to support organ donation, while a mere 60% are registered as donors. Coined as the participation gap, this phenomenon is troubling in minority groups, where larger percentages of these populations seek organ transplantation, while organ donation registration rates in these groups are notably lower than the national percentage.

A review of existing literature on the subject points to the idea that those looking to close the general participation gap should explore targeting minority groups that lag behind in registration, such as black, Hispanic, and native populations. Additionally, research shows that the DMV, the location where 90% of registrations occur, is a poor location for Americans to make such a personal decision. Lastly, research shows that educating Americans on the benefits of registration, but not providing a direct registration opportunity, has a negligible effect on registration rates. Likewise, research shows that offering a passive registration opportunity with no intervention also has negligible impacts.

This presentation examines the existing literature in the form of an abridged literature review to understand the shortcomings of the current system and how they lead to such a large participation gap. Then, based on what is known with regards to which interventions have previously worked and which interventions have fell short, a new intervention is proposed, with hopes that it will find greater success than previous interventions.

"Implications for Social Determinant of Health Based Interventions: Capitation vs. Fee-for-Service Financing Models in Integrated Healthcare Delivery Systems"

Kate Mcdonald, Providence College | 2025

Today's healthcare environment is as dynamic and diverse as the populations that it serves. Current systems vary in size and scope, target populations, intervention methods, and more. In order to adapt to population needs, integrated healthcare delivery systems (IHDS) have emerged as a way to synthesize care and provide higher quality, cost-effective care addressing holistic patient needs. While IHDS have similar operating mechanisms and organizational goals, numerous financing mechanisms are employed across different systems and within organizations. A review of Kaiser Permanente and Mass General Brigham reveals that financing structures have significant ramifications on how they chose to orient their social determinant of health based (SDOH) initiatives. Systems realizing the majority of their revenue through capitation, like Kaiser, concentrate resources on upstream interventions. Fee-for-service financing, used by Mass General Brigham, alternatively incentivizes downstream interventions including programs designed to treat acute needs of communities. Accordingly, Kaiser's initiatives take a proactive stance towards social and health needs while Mass General Brigham is responsive to existing patient needs. Healthcare leaders must be informed about the way financing mechanisms influence care delivery structures to make informed organizational decisions best oriented to meet the needs of their specific populations. This research contributes to broader discussions on healthcare financing and policy, emphasizing the importance of adaptable, evidence-based approaches in addressing SDOH. Future recommendations advocate for hybrid funding models that incorporate both proactive and reactive strategies, ensuring that IHDS can effectively meet both immediate and long-term community health needs.

PANEL 2 | Mental Health, Trauma, and Sociocultural Dimensions of Health

11:00am - 12:05am

Faculty Discussant:Dr. Joanne Lomas-Niera, Department of Health Sciences

"Refugees, Recognition, and Resignation Syndrome: Interrogating the Paradox of Swedish Exceptionalism"

William Ford, Vanderbilt University | 2025

In today's volatile political climate, where borders tighten and asylum policies grow increasingly restrictive, the refugee body stands at the intersection between sovereignty and survival.

I examine, as a case study, Uppgivenhetssyndrom (i.e. resignation syndrome, RS), a dissociative condition afflicting only asylum-seeking children in Sweden. I maintain that RS highlights an inexorable linkage between illness, political recognition, and national belonging. More pointedly, it exposes the paradox between Sweden's self-image as an egalitarian state and its increasingly exclusionary immigration policies. The deeply entrenched idea of "Swedishness" as ethnically homogenous (and thereby also implicitly exclusionary) marginalizes refugees, bolstering their status as perpetual aliens. This review finds that a state's self-conception can be so rigid that it leads to a willful ignorance of human suffering; indeed, giving credence to the plight of those who suffer from RS not only attenuates but arguably erodes Sweden's aggrandized self-conception. More centrally, the dissonance between Sweden's idealized exceptionalism and the lived reality of refugees – who face bureaucratic exclusion, temporary protections, and public skepticism – renders the suffering of RS-afflicted children both politically inconvenient and socially invisible. Critically, I argue that this state-sanctioned instrumentalization in asylum systems is not isolated; understanding the intricacies of RS in Sweden underscores the nuances of migrant bodies elsewhere in the present day. When surveying other countries, like the United States, I explore how asylum-seekers are forced to navigate systems that pathologize their suffering – effectively disregarding rather than seeking to dismantle the structural underpinnings of their precarity. I conclude by drawing careful attention to the utility of media, which offers an avenue for disrupting these exclusionary narratives. Shifting portrayals of conditions – like Uppgivenhetssyndrom – from a "culture-bound" enigma or an isolated tragedy to systemic indictment challenges a nation's self-congratulatory humanitarianism to generate public reckoning and reframe nationalistic belonging and identity.

"From Mourning to Morning: How the Ars Moriendi Illuminates Meaning for the Dying Amidst their Aloneness and Grief"

Luke Plein, Yale University | 2027

I am the first to systematically compare various original medieval Ars Moriendi texts within their historical context, exploring their relevance to contemporary healthcare, palliative care, and public health strategies concerning death and dying.

Existing studies only engage with the Ars Moriendi through isolated excerpts or secondary translations, missing its greater significance as a medieval healthcare resource designed to guide both patients and caregivers through the physical, emotional, and spiritual dimensions of dying. My research examines three versions: the 1491 English edition from London, the approximately 1495-1498 Latin edition from Leipzig, and the circa 1450 St. Leonards-on-Sea edition. I reveal how these texts functioned as manuals for deathbed care in an era without modern medicine and technology.

This study explores how Ars Moriendi viewed the dying experience as a concern for public health, providing a consistent approach to alleviating the psychosocial and spiritual pain of patients by tackling five "temptations": loss of faith, despair, impatience, vainglory, and avarice. These temptations align closely with what modern palliative care recognizes as existential distress, anticipatory grief, and the pursuit of meaning at life's end. By connecting these historical insights to contemporary holistic care models, this research presents a fresh viewpoint on the influence of medieval spiritual care writings on early methods of managing death, both medically and pastorally — a viewpoint that has been overlooked in Ars Moriendi studies as well as in current healthcare discussions on end-of-life care.

Lunch - Mondor Center 107

12:15pm - 1:15pm

PANEL 3 | Technology, Innovation, and Patient Centered Care

1:30pm - 3:00pm

Faculty Discussant:Dr. Tuba Agartan, Department of Health Sciences

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"The Competitive Advantage of Managing Patient Perception in Care Settings"

Samuel Loranger, Providence College | 2026

As the use of artificial intelligence (AI) quickly begins to accelerate across a spectrum of interventions throughout the healthcare field, growing technology is leveling the playing field across hospitals of varying sizes. This study suggests the implementation of an organizational structure centered around the intentional management the patient's perception of care to gain competitive advantage. AI is expected to continue to integrate into many facets of medicine from preoperative imaging to intraoperative surgery procedures to postoperative evaluation and early warning provision systems. This study extends upon previous research which predicts the integration of AI and its potential to standardize at a high level throughout many treatment centers. With this in consideration, this paper emphasizes the importance of managing the patient's experience while in care settings in order to increase financial reimbursement, elevate hospital reputation, and improve patient loyalty. Further, this study details how hospital leadership ought to adopt management strategies that emphasize staff accountability of servant-leader practices, policies that foster organization wide teamwork, and the reinforcement of soft-skills such as empathy and communication in order to effectively manage patient perceptions. In a world where high quality healthcare becomes more accessible due to the advent of well-developed AI interventions, patients are likely to put an increasing amount of weight into the human-to-human experience that they receive at a treatment center; therefore, intentional management of patient perceptions will be critical to stay competitive. This study identifies numerous strategies for healthcare executives to consider as care environments evolve towards a technology driven future.

"Evolution and Moral Decisions of Physicians"

Oliwia Kuracinska, Providence College | 2028

Electronic Health Records (EHRs) have undergone extensive evolution transforming from basic paper records into simple digital repositories and then into complex integrated systems which now affect clinical workflows and decision-making processes. This academic paper undertakes an examination of the historical progression of Electronic Health Records (EHRs), tracing their development from initial computerized record-keeping systems to contemporary cloud-based platforms that support interoperability. The progression of these systems has necessitated that physicians engage in ongoing adaptation which involves acquiring new skills while meeting regulatory modifications and incorporating emerging technologies into patient care. Electronic Health Records deliver many advantages like better data access and smoother communication along with increased patient safety but they also present difficulties such as administrative overload and user dissatisfaction which may disrupt clinical decision-making.

Physicians face the necessity of managing intricate ethical and legal challenges that arise from healthcare regulations alongside their technological adaptation efforts. Physicians find their documentation practices along with data sharing and utilization methods shaped by legislative measures including the Health Insurance Portability and Accountability Act (HIPAA) and the 21st Century Cures Act. This academic investigation intends to delve deeper into the ways medical practitioners react when they either support or oppose particular legislations, examining their efforts to maintain legal adherence while exercising professional discretion and advocating for patient interests. A number of individuals contest policies by engaging with professional organizations, participating in lobbying activities, or resorting to noncompliance on exceptional occasions. The progression of electronic health records combined with regulatory structures demands that medical professionals commit to continuous education and critical decision-making processes in order to deliver ethical effective patient care while complying with constantly evolving legal and technological environments.

"Are Patients Willing to use a Smart Scale?"

Kaley Mafong, Yale University | 2026

"Objectives: Smart scales store and track weight data, transmitting it to an internet-based portal for healthcare providers (HCPs). Frequent weighing is linked to greater weight loss. This study aims to determine if patients are willing to weigh daily and use a smart scale that shares data with their HCP.

Methods: A questionnaire was given to 100 primary care patients about their weighing habits, scale ownership, willingness to weigh daily, share data, use a smart scale, and purchase one.

Results: The average BMI was 28.4; 85% owned a scale. While 69% weighed at least monthly, only 20% weighed daily. 72% were willing to use a smart scale, 66% to weigh daily, and 65% to share data with their HCP. However, 54% would not buy a smart scale, with most willing to pay $30-45; 2% could not afford one.

Conclusions: With healthcare shifting toward telemedicine, smart scales could support weight management. Although most patients do not weigh frequently, many are willing to do so daily and share data with their HCP."

2025 Undergraduate Research Conference on Health & Society Participants

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Acknowledgements

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We also want to thank the students who served on this year's selection committee:

Michaela Szymczak '25
Yamilet Nieves Vega '26
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Thank you for attending the 16th Annual Undergraduate Research Conference on Health & Society Hosted by Providence College!

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