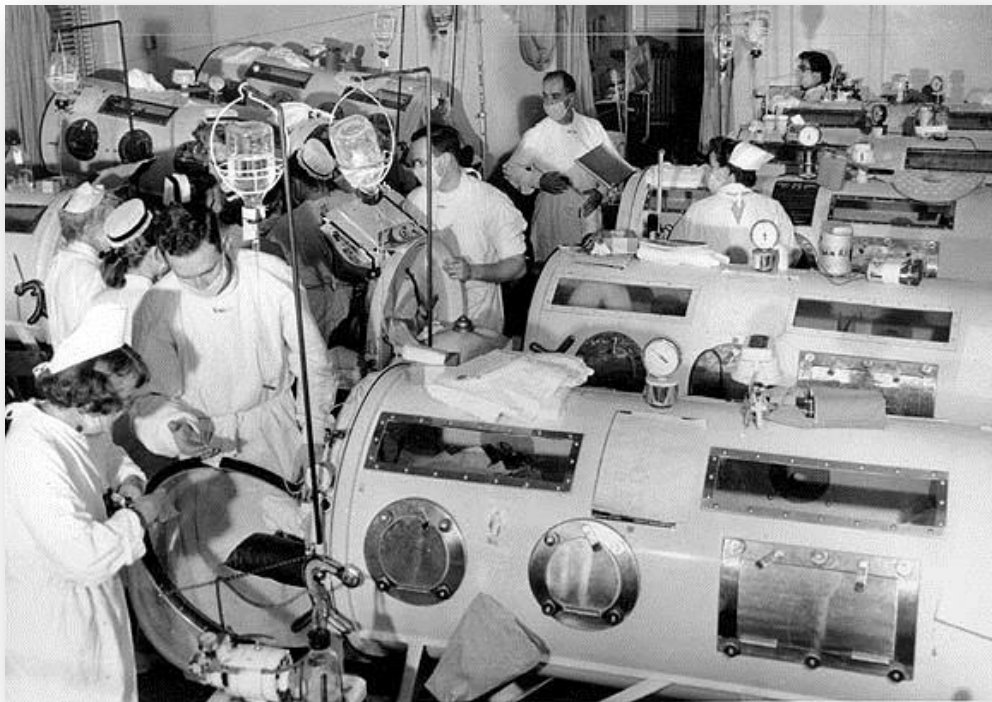




PROVIDENCE
COLLEGE

6TH Annual Undergraduate Conference on Health & Society



Program

April 11, 2015

The Day at a Glance:

Welcome/Breakfast in Slavin 116	8:30a – 9:15a
Panel 1A Presentations Harkins Hall 301	9:30a – 10:50a
Panel 1B Presentations Harkins Hall 308	9:30a – 10:50a
Alumni Career Panel Harkins Hall 300	11:00a – 12:15p
Lunch Slavin 116	12:30p – 1:30p
Panel 2 Presentations Harkins Hall 308	1:45p – 3:00p

Panel 1A | The Unfinished Agenda of Health Care Reform 9:30a – 10:50a | Harkins 301

Faculty Discussant | Dr. Robert Hackey, Providence College

“No Health without Mental Health”: Prospects for Mental Health Parity in the United States

Alicia Jancevski, Providence College

Mental illness has devastating emotional, social, and physical effects on individual Americans and their families. Yet despite the prevalence of mental illness in the United States, individuals suffering from psychological disorders often face social discrimination and experience difficulties obtaining adequate insurance coverage. Over the past two decades, Congress took up the cause for mental health parity. Existing laws such as the Mental Health Parity Act (MHPA) of 1996 and later, the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, produced substantial improvements in mental health coverage, but various exemptions and the lack of a mandate for mental health services prevented the laws from achieving full parity. The Affordable Care Act represents a significant improvement in achieving mental health parity by listing mental health and behavioral treatment as an “essential health benefit” and expanding Medicaid coverage. However, the failure of the Affordable Care Act to mandate mental health care coverage for all insurance policies, the optional status of state Medicaid expansion, and the lack of uniformity in mental health coverage across the nation are all issues that still need to be addressed if comprehensive mental health parity is to be achieved.

“Can you hear me now?”: Insurance Coverage for Hearing Benefits in the United States

Reegan Whipple, Providence College

Public and private insurance coverage for hearing benefits underscores the gaps in coverage for treating hearing loss in the U.S. The commodification of the hearing benefits sector of healthcare in this country has detrimental consequences for personal health. Using three personal anecdotes to frame the issue, my paper explores the complex worlds of both public and private insurance as well as the implications of each type of insurance for both adults and children. Current regulations and laws for hearing benefits leave many people to suffer financially, physically, and emotionally. After reviewing the current regulations I propose changes to rectify some of the problems within this sector of health care.

**Panel 1B | Changes in Health Care and Health Care Delivery
9:30a – 10:50a | Harkins 308**

Faculty Discussant | Dr. Deborah Levine, Providence College

The Rise of Complementary and Alternative Medicine and the Redefinition of Healthcare

Lindsay Avolio, Clarkson University

Complementary and alternative medicine (CAM) shapes the patient experience in the contemporary United States. Today a significant percentage of the American public supplements their biomedical experience with CAM strategies and some rely almost entirely on alternative therapies. This study considers the role that allopathic professionals have played in constructing medical ‘orthodoxy’ as well as their influence in the production or maintenance of stigma associated with alternative medical practices. It also considers the influence of physicians in the social construction of medicine at the intersection of allopathic and alternative medicine. Using both quantitative and qualitative analyses of publications in leading American medical journals I examine the attitudes and perceptions of physicians regarding CAM practices from the 1970s to 2010. Over the last forty years, the allopathic community has thus become generally more inclusive and welcoming, and appears to be nurturing a conversation surrounding integrative medicine and holistic healthcare.

Partners in Health: Advanced Practice Nurses and the Affordable Care Act
Kelly Hudgins, Providence College

The passage of the Affordable Care Act (ACA) raises an important question in the nursing profession: how will health reform change and expand the roles of Advanced Practice Nurses (APNs)? The ACA provides APNs with enormous opportunities to help fight the shortage of primary care practitioners. Advanced Practice Nurses are increasingly important in the next ten to fifteen years in oncology, as the demand for oncology services surpasses the supply of available oncologists. Numerous studies demonstrate that APNs are just as capable as physicians in providing much of the services that the American people need in maintaining their health and offer a more cost-efficient option for patients compared to physicians. Nevertheless, a growing backlash and critiques about the role of APNs from physicians appeared in recent years.

Consumer Interpretations of Non-Prescription Medicines Purchased Online: Constructions of Meaning in the Digital Age
Alexandria Wojtanowski, Roger Williams University

This paper presents the findings of a textual analysis examining how online consumers interpret and relate to non-prescription treatments for psoriasis, an autoimmune skin condition. A systematic sampling of customer reviews for online treatments on Amazon.com and Drugstore.com are coded to identify recurring themes and metaphors. The research also includes a symbolic analysis of the six products in terms of visual representations, special promotions, sponsored products, and featured Questions and Answers. This analysis illuminates how past research on the meaning of medicines compares to the ways contemporary consumers interpret the medications they purchase online. The presentation also draws on anthropological perspectives on the body, the self, and the social dimensions of health and illness to discuss the broader significance of the research findings. Using insights from the content analysis and review of the medical anthropology literature, my paper explores how the growing trend of purchasing medications online influences the cultural meanings of medicine and even health.

Alumni Panel | 11:00a – 12:15p | Harkins 300

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

Lunch | 12:30p – 1:30p | Slavin Center 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.

**Panel 2 | Geography and Health
1:45p – 3:00p | Harkins 308**

Faculty Discussant | Dr. Kerri Warren, Roger Williams University

Culture and the Management of Infectious Diseases: A Case Study of Amebiasis
Joseph Y. Tashjian, Roger Williams University

The infectious tropical disease amebiasis, caused by the parasitic amoeba, *Entamoeba histolytica*, poses a threat to public health in many parts of the world. This type of parasitic infection is most common in regions where biomedicine coexists with culturally significant non-Western medical practices. Laboratory analysis of cellular communication via biochemical reactions suggest potential methods of treatment, but such treatments represent only one component in controlling amebiasis in human populations. Improved cognizance of an infective agent and disease etiologies may develop a holistic perspective to contribute in the management and prevention of infectious diseases. Both qualitative analysis of microbial study and the applications of medical anthropology are imperative to global health. This paper emphasizes the biological and cultural concepts of survival for both the human host and the pathogenic amoeba to suggest how host-pathogen interaction may be used to control disease.

Reforming Primary Care: Lessons from Denmark
Deanna Karam, Providence College

The lack of an organized primary care system in the United States not only contributes to high health care costs, but also to decreased access to care, increased fragmentation, and poor health outcomes. The Scandinavian country of Denmark, with its universal health care system and “cozy and snug” lifestyle offers a model for reforming the US health care system. In Denmark, primary care is organized around a gatekeeping system, in which General Practitioners serve as gatekeepers to other medical services, including hospitals and specialists. This system is responsible for Denmark’s well-organized and coordinated primary care system, which largely contributes to lower health care

expenditure, utilizes fewer hospital and specialist services, decreases the utilization of diagnostic services, and contributes to lower health care costs. Denmark also controls its health care costs through its no fault malpractice system and its mixed fee-for-service and capitation payment system. Through reforming its primary care system to be modeled after Denmark's gatekeeping system, as well as the implementation of Denmark's effective cost control methods, the US has the potential to drastically reform the American health care system and lead the US towards a healthy and affordable future.

Doctor Deficiency: Disparities in Physician Availability in the Baby Business and Birth Outcomes in New York State

Julie Sullivan, Siena College

The lack of access to high quality obstetrical care in underserved communities leads to poor birth outcomes. Though New York has one of the highest employment levels of OB/GYNs, this number is misleading due to New York's uniquely wide spectrum of developed environments, ranging from tiny farming communities to the United States' most populous city. Using data from the US Census Bureau and HealthGrades.com, my paper examines the distribution of New York's 4,235 reported OB/GYNs throughout the state. Combining these data sets, significant disparities exist among counties in New York; while Manhattan has about 7.54 OB/GYNs per 3500 females ages 15 to 44, three counties have no OB/GYNs at all (populations of females ages 15 to 44 in these counties range from 6,897-12,714). I use data on infant mortality, low birth weight births, and certain birth defects to analyze the relationship between birth outcomes and the population weighted availability of OB/GYN physicians in each county in New York State.

Presentation of the Francis X. Archambault Award for Best Paper

3:15p | Harkins 300

Acknowledgements

Faculty Discussants

Dr. Robert Hackey, Providence College

Dr. Todd Olszewski, Providence College

Dr. Kerri Warren, Roger Williams University

Conference Selection Committee

Dr. Robert Hackey

Dr. Deborah Levine

Danielle Petrilli '15

Alexandra Rawson '15

Aubrey Legasse '17

Sabrina Guilbeault '18

Institutional Advancement Staff

Andrea Keefe

Cate Latz

IT Support

Jim Rizzo

Administrative Coordinator

Samantha Santos '14, HPM Graduate Assistant

Archambault Paper Award Selection Committee:

Dr. Robert Hackey

Sabrina Guilbeault '18

Aubrey Legasse '17

Dr. Todd Olszewski

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