

Undergraduate Research Symposium May 19, 2017 Mary Gates Hall

Online Proceedings

2D

THE HEALTH OF THE PUBLIC

Session Moderator: Clarence Spigner, Health Services

MGH 234

3:30 PM to 5:15 PM

* Note: Titles in order of presentation.

Assessing the Learning Needs of Social Workers in Washington State: Working with Clients with Traumatic Brain Injury

Larka Elizabeth (Larka) Angell, Senior, Social Welfare

UW Honors Program

Mentor: Megan Moore, Social Work

An estimated 1.7 million people in the United States suffer a traumatic brain injury (TBI) each year. Depending on the location and severity of trauma, this injury to the brain may result in any number of seriously debilitating cognitive deficits, impaired physical functioning, mental health or behavioral problems. From the time an individual sustains a TBI, to the time of their discharge and/or referral to post-acute rehabilitative care, they will interact with many health-care service providers, including social workers. Social workers are in a unique position to contribute to positive health outcomes for clients in many stages of recovery, provide mental health services, discharge planning, vocational rehabilitation and more. However, the prevalence of knowledge and training about TBI among social workers is not known. In order to assess the extent to which social workers serve clients with TBI, and to define their knowledge of TBI and assess training needs, I, in collaboration with my mentor developed an anonymous survey and distributed it to social workers in Washington State. Respondents were asked to rate their level of familiarity with TBI in practice, note sources of knowledge and other information. The survey was distributed by email to 7,394 social workers registered with Washington State Department of Health, and I recorded and analyzed responses using both qualitative and quantitative data processing tools. Survey responses will be used to add to the current body of data on the state of social work practice with clients with TBI (in Washington State), and to inform training approaches and continuing education on TBI for social workers.

Racial Disparities in Washington State Healthcare: The Case of Total Knee Replacement Surgery

Winifred Clarke (Clarkie) Hussey, Senior, Social Welfare

UW Honors Program

Mentor: Gunnar Almgren, School of Social Work

Previous research demonstrates that patients of color are significantly less likely than white patients to receive total knee replacement surgery (TKR), a generally effective and safe treatment for end-stage knee osteoarthritis. These disparities have been found for adults of all ages and of racial/ethnic backgrounds including Black, Latinx, Asian-American/Pacific Islander, multiracial, and First Nations patients (although research has concentrated on Black-white disparities and seniors), and persist even when controlling for insurance type and income. This study investigates utilization rates of TKR in Washington State in 2013 in four different geographic area types (rural low-income, rural higher-income, urban low-income, and urban higher-income), comparing rates for each group by calculating odds ratios. In order to focus on the role of race in physician-patient interactions, odds ratios will be adjusted with logistic regression for age, gender, overall “comorbidity burden” as calculated by the Deyo index, insurance type, and median income in the patient’s zip code. Data for the study comes from the 2013 Washington State Inpatient database, which is derived from hospital billing records and includes roughly 85% of all hospitals in the state. It is important to note that hospitals’ methods of demographic information collection are frequently inaccurate, and findings for First Nations patients in particular cannot be interpreted with confidence. Regardless, Black, Latinx, Asian-American/Pacific Islander, multiracial, and First Nations patients are all expected to have lower odds of receiving TKR compared to white patients, a finding which will strengthen the growing conclusion that racial disparities exist independently of access factors and thus that physician-patient interactions likely play a role. No prediction about differences in racial disparities by geographic area type is offered, but these results may lead to new hypotheses about the

pathways of the disparities.

Where Science & Faith Intersect: Socio-Cultural Influences on Healing Practices in the Philippines

Jan Andrew (Jan) Jimenez, Senior, Art (Painting and Drawing), Anthropology: Human Evolutionary Biology, Anthropology: Medical Anth & Global Hlth

Mary Gates Scholar

Mentor: Rachel Chapman, Anthropology

From neighborhood traditions to national policies, Roman Catholic dogma extends and intersects within the Visayan region of the Philippines. In the onset of the globalization of western biomedicine, the incorporation of Filipino religious practices adds a crucial element to the ways we understand Filipino healthcare paradigms and, in a grander scale, the importance of faith in holistic healthcare. I have been constructing an ethnography examining how faith plays an integral role in constructing healthcare paradigms in low-income communities specific to the Visayans. I focused my initial qualitative research and fieldwork in the province of Cebu where I volunteered at a local hospital for four weeks. I recorded my observations on hospital spaces and healthcare policies, alongside religious practices and healing customs common to Cebu. I also interviewed lay people, medical staff, healers, and religious authorities. Throughout the academic year, I have been continuing my research analyzing journal entries, narratives, interviews, and other data to further uncover the cultural and historical influences that impact medical and healing practices in the Philippines. These analyses involve open and closed coding, creating spatial mapping of themes from my experiences, and constructing a paradigm analysis. By the time of the symposium, I intend to form concrete conclusions on the following: 1) Why environmental, social, and spiritual influences on space matters in places of healing. 2) How history, faith, healing practices, and modernization intersect to form the framework for medical tourism and other ethical implications found in Filipino healthcare. 3) What is the nexus between chaplains, manghihilots (faith doctors), and biomedical doctors that affect power dynamics in lay people's access to healing. Through my ethnographic study, I will have constructed a framework that uncovers the importance of Filipino faith in the embodiment of culture, community, policy, and power dynamics in Filipino healing practices.

The Physical and Emotional Scar: An Analysis of the Decision to Receive Breast Reconstruction Post-Mastectomy Surgery

Libby Lavitt, Senior, Anthropology: Medical Anth & Global Hlth

UW Honors Program

Mentor: Jenna Grant, Anthropology

Personal, community, and societal influences of femininity

create a unique entry point for the analysis of a woman's decision whether to undergo reconstructive breast surgery following a mastectomy. To date, insufficient attention has been given to the impact of altered appearance in women who have had mastectomies due to breast cancer. Due to differing personal perceptions of femininity, every woman's experience with their altered physical appearance post-mastectomy must be realized as unique. This study looks to explore the interaction in which perspective and experience inform and shape each other. It does this by acknowledging the relationship between femininity, treatment decision-making, body modification, and the relationship between body and self. The population includes individuals who have undergone mastectomy surgery with or without breast reconstructive surgery and healthcare professionals who work with the former individuals. The primary method of data collection includes semi-structured interviews and observation at Swedish Hospital. The interviews are conducted at a time and location convenient for the participant and ranged from 45-150 minutes. The observationship consists of shadowing a breast surgeon in multiple capacities — clinical visits, consultations, pre-op visits, post-op visits, and procedures in the operating room. This research focuses on the experience of a changed body which is important as breast cancer continues to be a highly prevalent disease.

The Baby Blanket of Technology: An Ethnographic Study of the 'NICU Experience'

Samara Rachel (Sammy) Lavitt, Senior, Anthropology: Medical Anth & Global Hlth

UW Honors Program

Mentor: Janelle Taylor, Anthropology

Through interview-based research with parents and medical professionals, my study examines the complexity of decision-making and medical advancement in the Neonatal Intensive Care Unit (NICU) while assessing the experience's emotional impact. The intersection of biomedicine and advancing technology changes perceptions and challenges the limits of supporting life. Within the NICU we hear of "miracle babies" — micro-preemies and babies with chromosomal or congenital abnormalities — who seem to defy all odds and survive, pushing the limits beyond what was initially thought to be impossible. Increased survival rates and miracle stories offer hope for life in cases where there was previously none. My methods include informational interviews, media analysis, and NICU visits in order to assess the complexity of the NICU space. My preliminary interpretation of findings from this ongoing research suggest that the notion of decision-making is intricate. Individuals in the NICU experience intensive medical encounters and are forced to make decisions while they are rushed, confused, and overwhelmed. Therefore, many do not identify distinct and important decisions in the exact moment but can recognize them broadly upon re-

flection. Additionally, I found that an emotionally demanding environment seems to have a psychological impact with individuals adapting in two ways. One may compartmentalize the experience (which has led to PTSD in some participants), or one may embrace their experience and take action to help others (i.e. becoming a neonatal nurse themselves). Research on this topic is evolving and I hope to contribute to the larger discourse of the NICU and understanding the experiences of parents and newborns. (UW IRB Approved)

Complicated Autonomies: Disability, Family, and Medical Decision Making

*Shannon Alicia (Shannon) Meyer, Senior, Anthropology:
Medical Anth & Global Hlth
UW Honors Program
Mentor: Jenna Grant, Anthropology*

This research looks at the ways the complex interpersonal relationships among medical professionals, family members, and disabled persons affect the medical care received by people with disabilities. It explores power and control, both in the context of family and clinical environments, looking at how the cultural construction of disability plays into the practice of medical decision making, and ultimately their effect on the enactment of medical care for people with disabilities throughout their lives. By conducting semi-structured ethnographic interviews, focus groups and autoethnographic reflexivity, this project explores how participant narratives interact, using a critical feminist disability studies lens. These complicated autonomies, influenced by sociocultural conceptions of disability, dynamics of family interaction, and perceptions and practices of medical professionals become the lived experiences of disabled people and fundamentally alter the ways in which they receive care.

Language Shapes the Perception of Beauty in Asymmetrical Breasts

*Jayden Requena, Sophomore, Communication, Shoreline
Community College
Mentor: Brooke Zimmers, Communication Studies,
Shoreline Community College*

My research examines the language that ascribes, or labels, the “beauty” of women’s breasts. All women live in a paradoxical world where they must constantly strive for what society defines as “normal” rather than natural. Language used to communicate breast health and breast symmetry demonstrates how negative connotations shape a person’s perception of their avowed, or self-declared, beauty. By researching different evolutionary theories proposed by anthropologists, I analyze communication concepts such as Social Construction Theory, Sapir Wharf Hypothesis, and Reflected Appraisal to understand how a women’s breast identity affects them. The research suggests that women who are born with, or become

asymmetrical after a mastectomy, are given few options to embrace their natural self and few words to avow a positive identity. Research shows that the media have a strong influence on how people define beauty standards. Nearly all women have different sized breasts and those with a noticeable difference feel ashamed to talk about it; the language used to describe this situation creates a reality where the only imaginable option to “fix” this “problem” is to undergo reconstructive surgery. This presentation implies that if the language used to describe asymmetry changes, society can create a new climate of acceptance rather than reinforcing an impossible image of natural breasts. Positive language used to discuss asymmetry allows for positive conversation to generate new fashion possibilities where women can transform their wardrobe to fit their natural breasts rather than the other way around.