

Conducting Research as a First-Year Medical Student

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Background

During the past twelve months, in response to COVID-19, there has been evolving societal expectations and values, including some transformations in academic health sciences education and training to ensure that those graduating from medical school will be better equipped to deal with the demands of modern medicine and further education. The TCU and UNTHSC School of Medicine has immersed its students in research early to develop physicians who are life-long learners capable of critical inquiry and in medical information literacy to produce physicians suited for patient-centric care. Through self-directed discovery, students develop skills needed to understand and use evidence-based approaches for basic and clinical research.

Methodology

- Identify a Core Topic
- Select a Mentor
- Research Current Literature on the Topic
- Create a Work Plan
- Partner with Local Organizations to Fit Community Needs
- Find Sponsors to Fund Idea

Discussion

The study (*The Impact of COVID-19 Restrictions on Caregivers of Individuals with Dementia*) used qualitative methods comprising of structured interview questions. The findings show that, despite a world-wide pandemic and the demands of beginning the first year of one's medical education, it is possible to effectively engage in scholarly evidence-based research. Medical schools need to ensure that students are provided with early exposure to environments that allow for the exploration of meaningful interactions by increasing opportunities to 'stand in' to the role of a researcher, even as students.

Acknowledgements

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Establishing a Research Lab in Public Health: Opportunities and Challenges from a Faculty and Student Led Collaboration

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Introduction

In September 2019, Old Dominion University (ODU) faculty and doctoral students began conceptualizing a Health Sciences research laboratory. The REACH (Research, Educators, and data Analysis for Community Health) Lab was created and serves as a multidisciplinary research laboratory housed in the Center for Global Health in the College of Health Sciences at ODU. The Lab enables faculty, researchers, community partners, and students to conduct research for the advancement of health and wellness in Hampton Roads, the Commonwealth of Virginia, the nation, and the world.

The Lab also recognizes the importance of combining expertise and capacities of multiple institutions, disciplines and professions in addressing complex health problems. The Lab seeks to create a productive and friendly environment in which it can educate and train future generations of public health researchers and provide a vehicle for unique public health research and programs that do not fit more traditional academic structures.

Quick Facts

- The REACH Lab:
- Has a mission to use a public health lens to conduct research related to social justice, economic, human resource and environmental issues of interest, educate and mentor students in their development as future researchers, and to use data and evaluation to solve problems that affect our communities.
 - Has a vision to be the preeminent community health services laboratory tasked with advancing scholarly and community-based research through interdisciplinary collaborations.
 - Is co-facilitated by both faculty and Health Services Research PhD students

Process

The REACH Lab was piloted in January 2020 with 3 faculty members and 2 Health Services Research PhD students. By-laws and a Code of Ethics were drafted and approved and have been in place to guide lab operations. Since Fall 2020, the Lab has grown with additional collaboration from two doctoral students. The Lab, from the beginning, has committed itself to convening biweekly to discuss research collaboration, support, and progress and to identify areas of potential research collaboration. Detailed notes are taken during each meeting and shared afterwards.

The Roles/Responsibilities of Each Current Member Include:

Faculty members:

- Mentor students and identifying areas for student involvement
- Provide opportunities for student to participate in research
- Write joint grants (RFAs, RFPs, etc.) with other Lab members
- Co-advise students with other Lab members
- Co-author grant proposals and journal articles with other Lab members

Master and Undergraduate Student:

- Perform literature reviews
- Co-author grant proposals and/or journal articles with/under the guidance of other Lab members
- Commitment to sharing resources

PhD Students:

- Mentor master or undergraduate students
- Perform literature reviews and other supportive services for the Lab
- Co-author grant proposals and/or journal articles with other Lab members
- Commitment to sharing resources

Community partners:

- Identify projects for collaboration
- Mentor students when possible
- Serve as liaison between REACH Lab members and community members
- Commitment to sharing resources

Challenges and Opportunities

The Lab provides many opportunities for students, faculty members, and community partners. To date, the Lab has provided:

- Research methodology and data evaluation support for graduate students
- Research support for faculty members
- Data evaluation assistance to community partners

While several accomplishments have been achieved thus far, there are several challenges that will need to be addressed in order to fulfill the Lab's mission and vision. These include:

- Leveraging different research interests to maximize collaboration
- Managing conflicting priorities and schedules to meet the demands of ever-changing research demands
- Including community member participation at all stages of Lab operations through robust outreach and capacity building, as needed.

Conclusion/Next Steps

While establishing the REACH Lab has shown some success, the team has learned valuable lessons to foster more intentional collaborations to meet the needs of all members, including community partners. Moving forward, to successfully work towards meeting its mission, the Lab will be focusing on the following:

- Engagement and buy-in from community partners
- Outreach to more PhD and undergraduate students including those from other disciplines
- Setting up research interest groups/tracks to streamline collaboration
- Increasing Lab presence on campus
- Publishing and presenting research activities to larger audiences



Expressions of Power and the Political Dimensions of Health in Global Pharmaceutical Pricing

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Prospectus of Forthcoming Dissertation, Power and Politics in National Pharmaceutical Pricing Policy (August 2021)



BACKGROUND

The "practice of medicine" is fast becoming the prescribing of medicine. Pharmaceuticals, from vaccines to treatments to cures, have become a first line of defense against disease and illness, particularly those ranking high in terms of global health priorities. Reliance on pharmaceutical innovations, however, comes at a cost. With medicines fast becoming a growing component of total health spending, and health spending a fast-growing line item of national budgets, greater and potentially unsustainable public spending on pharmaceuticals can invite harmful policy trade-offs for health and other public priorities. But are fiscal and policy woes the main of our worries, or the tip of the spear? The who-gets-what in the making of national pharmaceutical policy, which are expressly power-driven decisions, reflects complex political relationships and impacts global consequences, including for health equity.

OBJECTIVE & RELEVANCE

Emerging evidence suggests that when researchers overlook the practice of power, they can misattribute reasons why policy decisions and policy implementation obtain certain outcomes. Power disparities, generally accepted as the root cause of health inequity, have deepened under globalization, resulting in non-state concentrations of power bent towards the advancement and preservation of economic interests and global social norms oriented to the exclusive role of the individual in health and illness. But these power disparities are amenable to, as well as dependent on, political action.

PREMISES

- **Health is political** because power is exercised over it (Bambra, Fox, and Scott-Samuel, 2006).
- **Power is relative, relational, and manifests at different levels unequally** (Gore and Parler, 2019).
- The **"special economics of health care"** make market-based policies inefficient and more likely to result in imbalances and inequities (Mankiw, 2017).
- **Global market integration continues to shrink the national policy space**, which cause health to be subordinated to, or co-opted by, other public policy priorities (Labonte and Schrecker, 2007).

RESEARCH QUESTIONS

- What are the political dimensions of health capable of driving normative shifts?
- Are such shifts restricted to a certain level of action (global, regional, national) or can they be bidirectional?

METHODOLOGY

Research Design: Employs NVivo to classify actors involved in select pharmaceutical pricing policies' development, negotiation, and implementation according to interests, preferences, and interactions with other actors, with acute attention to actor type and typology of power expressed consistent with the Campos and Reich (2018) and Arts (2003) constructs.

Case Studies: External reference pricing of pharmaceuticals in Brazil, Canada, France, Jordan, and South Africa are examined, as are **health technology assessment pricing** policies as advanced by Australia, Germany, Japan, and the United States.

PRELIMINARY FINDINGS

- Positive and negative externalities of health to society are transferable, indivisible, and non-excludable; therefore, health is a public good.
- Markets under-produce public goods relative to what may be socially optimal. State actors traditionally provide public goods, though neoliberal economic policies favor outsourcing.
- Public goods theory acknowledges that achieving an ethical and equitable optimum is impossible within purely economy frameworks; political dimensions and determinant are necessary.
- The prevalence and reach of neoliberal economic policies through globalization commodifies health, individualizes disease and illness, and globalizes disease—even for noncommunicable diseases.
- Normative ambition is a mechanism for centering ethics, equity, and values in International Political Economy, allowing research on distributional considerations for public matters like health.
- Powerful actors in health policy and systems, whose interests are primarily motivated by economic, fiscal, and budgetary considerations, shape policymaking to protect those interests.

Select References: Clare Banks, Debbie Fox, and Heni Scott-Samuel. "Towards a Politics of Health." *Health Promotion International* 20, no. 2 (June 2005): 107-13; Rosalind Lee and Richard Parker. "Practicing Power: Politics in Health Policies and Systems." *Global Public Health* 14, no. 4 (April 3, 2019): 481-98; and N. Gregory Mankiw. *The Economics of Healthcare*, 2017.

Virginia Journal of Public Health Submission Guidelines

The Virginia Journal of Public Health (VJPH) is published twice yearly, fall and spring by the Virginia Public Health Association. The VJPH welcomes research articles, professional articles and literature reviews for consideration for publication (Please see the specific formats for each type of manuscript listed below).

Deadline for Manuscript Submissions:

Fall Issue: August 15th

Spring Issue: February 15th

Journal manuscripts should be sent to **Dr. Kim Baskette, Editor (kbaskett@vtc.vt.edu)** as a WORD document, email attachment. In the cover letter or email, the corresponding author needs to affirm that the article has not been published elsewhere.

Manuscript Guidelines:

1. Follow the form of the Publication Manual of the American Psychological Association (APA), 7th edition (<http://www.apastyle.org>).
2. Typed and submitted as a Word document; **double spaced, 12 pt. font (font style should be in alignment with new APA guidelines in 7th ed), 1” margins.**
3. Include a title page with the names and addresses of each author to include professional affiliation.
4. Include a title page without author identification (will be used for blind review).
5. Include a pdf copy of the Institutional Review Board approval if appropriate.
6. Include references at the end of the manuscript in **APA format**.
7. Have any figures or tables embedded in the manuscript; do not include at the end of the manuscript. Tables and figures should be **formatted in APA format only**.
8. Include an abstract containing 200 words or less with appropriate delineated sections.

Organization of Manuscripts

- Research Articles
 - Abstract (200 words): Purpose, Methods, Results, Findings, Conclusion.
 - Text: Purpose, Methods, Results, Discussion, Summary, Conclusions
Recommendations, References.
- Professional Articles (position papers, public health policy, program descriptions)
 - Text: Purpose, Methodology (if applicable), Discussion, Summary
Recommendations (if applicable), References (if applicable)

- Literature Reviews
 - Abstract (200 words): Purpose, Methodology (Data Sources, Inclusion and Exclusion criteria), Findings (Data Synthesis), Summary, Conclusions, Recommendations
 - Text: Purpose, Methodology (Data Sources, Inclusion and Exclusion criteria), Findings (Data Synthesis), Summary, Conclusions, Recommendations, References

Review Process

Manuscripts submitted will be sent to three members of the VJPHA Editorial Board for review. Reviewers will recommend (1) Acceptance, (2) Acceptance with Revisions, (3) Revise and Resubmit, or (4) Reject. The Editor makes the final decision and will notify the corresponding author of the manuscript disposition.

Questions: Contact Dr. Kim Baskette at kbaskett@vtc.vt.edu