Third Annual!!

Virtual Poster Contest
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Division 1- Undergraduate and Masters' Students


_Hima Bindu Dubasi, Oluyemi Rotimi, Ruby Yadav, Maisonet Mildred_
A Pilot Study on the Knowledge of Sex-Trafficking in the United States among a Sample of College Students at an University in North-East Tennessee

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INTRODUCTION

• Sex-trafficking is a disturbing reality occurring in the United States, which calls for immediate action.
• An estimate provided by Esteis and Weiner is that between 244,000 and 325,000 youth in America are at risk of sexual exploitation (Esteis & Weiner,2002).
• According to the 2015 annual report of National Human Trafficking Resource center, it received 24,757 signals nationwide, of which 555 (2.5%) were from students. 74.6% of the cases reported were of sex trafficking.
• Studies by Reid (2010) and later Farrell et al (2012), have revealed that most often, internet has been used as a victim solicitation tool.
• Youth are the most vulnerable target, owing to the weaker support mechanism, which is used by the traffickers to allure them by initiating a bond of trust. Traffickers most often target locations frequented by youth like schools and malls (Smith, Vardaman, & Snow, 2009).
• Since studies show that college students can be easy targets to sex traffickers, this pilot study aimed to explore:
  a) The college students' perception of the prevalence of sex trafficking in the United States
  b) Any training received, including the cautious use of the internet.

METHODS

• A convenience sample of college students (N=353), completed a self-reported questionnaire via the REDCAP survey platform using the ETSU SONA system.
• Question items were designed to assess students’ awareness about sex trafficking in the United States.
• A few questions asked were:
  ➢ Whether they think sex trafficking is a problem in the United States.
  ➢ Whether they received any training to protect themselves, from being ensnared by the traffickers.
  ➢ What kind of training they had received?
  ➢ Whether they knew anyone who had been approached for sex trafficking.
• SAS 9.4 software was used to calculate number and percentages.
• ETSU IRB approved the study.

RESULTS

• 76% (n=268) of the respondents said that sex trafficking is a problem in the United States.
• 95% (n=344) had not received any training to protect themselves from being trafficked.
• Only one respondent had been told about the safe use of internet.
• 3.6% (n=13) of respondents reported of having known someone who has been approached for sex trafficking.

DISCUSSION

• This pilot study is the first to gauge the familiarity of the students about the prevalence of sex trafficking in the U.S.
• 76% of the respondents were aware of sex trafficking being a problem in the United States.
• Since previous studies have shown that youth are an easy target for the sex traffickers, the study attempted to explore the college students’ understanding of the prevalence of sex trafficking in the United States.
• Lessons learned from this pilot study:
  ➢ Survey tool needs refining to increase validity by
    • Providing definition of sex-trafficking
    • Including more specific questions on sex trafficking experiences
  ➢ Future study will focus on
    • Identifying at-risk college students
    • Expanding the sample size

CONCLUSION

• The findings of this study suggest that students are aware that sex trafficking is a problem in the United States.
• Future studies should focus on identifying at-risk college students and connecting them to interventions that reduces their risk of being trafficked.

References:
Division 2- Doctoral and Professional Students (MD, DO, PA, NP, DMS, PhD, etc.)

• D-1. Andrew Carey. Asymptomatic Free Air: An Abnormal Presentation of Pneumatosis.
  Andrew Carey, Joseph Garner, Mateo Guarderas MD, John Vance MD

• D-2. Randi Paige Winter. Cyclosporine-Induced Erythromelalgia.
  Lorin A. Bibb, Randi P. Winter, Stuart S. Leicht

  Megan Dycus; Sara McHenry; Merry N. Miller, MD; Nathaniel A. Justice, MD, MBA

• D-4. Rebecca Neighbor. GoJoCo: Recreation Awareness
  Rebecca Neighbor, Matthew Holt, Emily Hamby, Timothy Brass, and Dr. Karen Schetzina

  Claire Gleadhill, Taylor Cox, Wade Seagrave, Coty Cooper, Alantis Hunt,
  Kelly Mitchell, Anthony DeLucia, Randy Byington
**INTRODUCTION**

In the rural community of Johnson County, TN, lack of exercise has been identified as a major contributor to obesity. In addition, community members have expressed concern of a lack of knowledge of public places to exercise, such as walking paths and hiking trails. Previous research has shown that access to educational materials, such as informational brochures and maps, can increase knowledge of exercise locations. Our hypothesis is that creating and placing brochures in various locations throughout the community will normalize and encourage the use of these locations to increase exercise.

**METHODS**

- Met with the Johnson County Community Health Council.
- Assessed needs through surveys.
- Visited trail sites and noted amenities.
- Compiled data into map similar to PlayLoudon and created a brochure.
- Created a two-part survey to collect feedback on the brochure and assess knowledge of trails.
- Received IRB approval to collect data.
- Visited a local doctor’s office waiting room where 27 participants took the survey.
- Distributed brochures at frequently accessed public locations.

**RESULTS**

- Respondents reported taking part in light exercise 3.6 days per week, moderate exercise 2.8 days per week and vigorous exercise 1.8 days per week.
- Respondents reported barriers to exercise included low interest in exercise, few places to exercise in the area, lack of transportation, and lack of time.
- 7.4% of respondents were aware that you could earn rewards for exercising by using the HealthyParksTN mobile website.
- 96.3% of respondents thought the amount of information in the pamphlet was about right; 3.7% thought it was too little.
- 70.4% of respondents reported having used one of the trails in the brochure during the past year.
- 77.8% of respondents agreed or strongly agreed that they were likely to visit one of the trails in the next month.
- 84.6% and 70.4% of respondents agreed or strongly agreed that knowing about trail amenities and knowing the distance of a trail, respectively, helps influence their decision to use it.

**ACKNOWLEDGEMENTS**

Rebecca Neighbor, Matthew Holt, Emily Hamby, Timothy Brass, Karen Schetzina, MD, MPH

1Quillen College of Medicine, 2College of Public Health, 3Department of Pediatrics, East Tennessee State University

**REFERENCES**

- healthier Tennessee. Available at: https://healthiertn.com/

**DISCUSSION**

In general, comments were positive about the layout and content of the brochure. Figure 2 shows that the brochure increased awareness of available recreation spaces. More research is needed to determine the brochure’s effectiveness at encouraging more exercise. This project contributed to Johnson County’s designation as a Healthier Tennessee community.

**Figure 1. Excerpts from the two-page brochure**

**Figure 2. Comparison of knowledge of available trails in Johnson County before and after viewing the brochure**

**Table 1: Participant demographics (n=27)**

| Gender   | Race/Ethnicity       |  |
|----------|----------------------|--|---|---|---|---|
| Male     | White, non Hispanic  | 100% |
| Female   | Hispanic or Latino   | 0   |
| Age      | Other                | 0   |
| 18-24    | 7.4% Income          |     |
| 25-34    | Less than $20K       | 15.4% |
| 35-44    | $20K-$34,999         | 23.1% |
| 45-54    | $35K-$49,999         | 19.2% |
| 55-64    | $50K-$74,999         | 11.5% |
| 65-74    | $75K-$99,999         | 26.9% |
| 75 or older | More than $100K  | 3.9% |

**Number of Respondents**

0 = No… 4 = A… 7 = So… 10 = Very 13 = Ext…

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**Familiarity with Local Trails**

Before Brochure

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**Gender Race/Ethnicity**

- Male 34.6%
- Female 65.4%
- White, non Hispanic 100%
- Hispanic or Latino 0
- Other 0
- Income
  - Less than $20K 15.4%
  - $20K-$34,999 23.1%
  - $35K-$49,999 19.2%
  - $50K-$74,999 11.5%
  - $75K-$99,999 26.9%
  - More than $100K 3.9%

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**Age**

- 18-24: 7.4%
- 25-34: 15.4%
- 35-44: 23.1%
- 45-54: 19.2%
- 55-64: 11.5%
- 65-74: 26.9%
- 75 or older: 3.9%

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**Table 1: Participant demographics (n=27)**

- Number of Respondents
- Before Brochure

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- Healthier Tennessee. Available at: https://healthiertn.com/**
Division 3- Postdoctoral Trainees (Medical Residents, Fellows, etc.)

• P-1. Mary Axelrad. A Case of Unintentional Gabapentin Overdose Complicated by Rhabdomyolysis

Axelrad, M., Bolton, N., Sizemore, D., Garner, C.
A Case of Unintentional Gabapentin Overdose Complicated by Rhabdomyolysis

Axelrad, M., Bolton, N., Sizemore, D., Garner, C.
East Tennessee State University

INTRODUCTION

Gabapentin is an anticonvulsant used for the treatment of partial onset seizures, postherpetic neuralgia, and multiple chronic pain syndromes. It is ranked as FDA pregnancy category B and is safe for use in pregnancy, and in many other off-label uses (1). Despite physicians are finding it difficult to treat patients appropriately and safely owing to the lack of up-to-date information, the literature suggests that gabapentin may cause some adverse effects. One case study conducted in 2009, the area of gabapentin prescription monitoring data, found that 51,665 fatalities were in patients between the ages of 18 and 79 (2).

CASE REPORT

A 16-year-old male patient visited our hospital with nausea, vomiting, headaches, shivering, and dizziness. During chemotherapy, the patient had been prescribed gabapentin for pain management. The patient had been prescribed 300 mg of gabapentin four times a day for pain management, which includes the following medications: 400 mg of acetaminophen, 500 mg of codeine phosphate, 750 mg of ibuprofen, and 100 mg of tramadol hydrochloride.

On admission, the patient was admitted to the intensive care unit and was hypotensive. Blood pressure was 80/50 mm Hg, heart rate was 120 beats per minute, respiratory rate was 28 breaths per minute, and oxygen saturation was 92%. The patient was fully conscious and able to communicate. The patient’s lab tests revealed a creatinine level of 1.2 mg/dL, blood urea nitrogen (BUN) level of 30 mg/dL, and serum creatinine level of 1.5 mg/dL. The patient was started on intravenous fluids and was monitored closely. The patient’s blood pressure improved, and the patient was discharged from the intensive care unit after 48 hours of observation.

DISCUSSION

Although the literature is limited, gabapentin is known to cause hepatotoxicity, as well as other adverse effects such as diarrhea, nausea, vomiting, and ataxia (3). In this case, the patient experienced fatigue and dizziness, which are significant and potentially life-threatening symptoms. However, the patient’s condition improved with supportive care, including intravenous fluids and monitoring of vital signs. In conclusion, the patient’s condition improved with supportive care, including intravenous fluids and monitoring of vital signs.

REFERENCES

Division 4 – Faculty

• F-1. Retha Gentry. Surveying Face and Content Validity of New Dermatology Education Tools for Use in Simulation  
  
  Lisa Ousley, Retha Gentry, Candice Short

• F-2. Lisa E. Ousley. Face and Content Validity of New Dermatology Education Tools for Use in Simulation;  
  
  Lisa Ousley Retha Gentry Candice Short


• F-4. Masoud Ghaffari. Intelligent Healthcare Leadership Model
It is important to examine the differences in the degree of exposure to community health concepts between nursing students in ADN and BSN programs. This study examined the degree of exposure to community health concepts between nursing students in ADN and BSN programs. ADN programs consist of 3-year programs, while BSN programs consist of 4-year programs. The population consists of nursing students in the northeastern region of the United States. The sample consisted of 244 students from 12 schools. The average age of the participants was 28.6 years (SD = 1.92). The results showed that there were no significant differences in the degree of exposure to community health concepts between nursing students in ADN and BSN programs.
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