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Conference Poster Presentations


   ABSTRACT: Previous research has found evidence of mental health risks associated with excessive use of smartphones, yet, little is known about the attributes of young adults at risk for adverse outcomes. This paper reports the results of a survey of university students in the United States designed to address this issue. Based on a sample size of 751 student responses, four indices were created corresponding to four behavioral subdomains likely to place individuals at risk of smartphone addiction and problematic use. Based on previous research the four domains are: disturbance of adaptive functions; virtual life orientation; withdrawal; and tolerance. In addition, the four indices were combined into a single constructed index of addictive tendencies. After controlling for multiple covariates, the results suggest those who self-identify as Asian are more than twice as likely to exhibit an elevated propensity for problematic smartphone use. Females are 1.5 times more likely to exhibit this propensity. These results have implications for population health, workforce productivity and health and labor policies.


   ABSTRACT: The literature on pathological and problematic use of the Internet and cell phones is growing rapidly and worldwide, with a focus on the prevalence of problematic use and the consequences of that use. Rapid Innovation, with so much positive potential, has hit the world unexpectedly fast with impact that has yet to be explored. Much of the literature uses experimental design on convenience samples from around the world, with a bulk of the work focusing on Asian countries. What is clear is that we are facing a world that is about to be inherited by young people for whom technology is a part of the fabric of their being. And we do not understand the impact, and how it might vary across countries with diverse cultures and institutions. In order to understand the factors that may place individuals at risk for dependence or unhealthy technology use, we have surveyed college students (N=1300) in South Korea and in the United States. We examine within and across country/institution variation to draw conclusions about factors that may place individuals at risk for dependence or unhealthy technology use. We also explore the social context influencing variations in personal mobile phone use. In doing so, we inform policies aimed at the improvement of social welfare given rapid innovation, without the unintended consequences.


   ABSTRACT: In 2015, almost 30% of all the estimated arrests in the U.S were related to a drug abuse violation or for driving under the influence of narcotics or alcohol (FBI’s Uniform Crime Reporting). While research has shown that there is a greater
likelihood of receiving substance use disorder (SUD) treatment among individuals involved in the criminal justice system (Saloner, et al, 2016), racial and ethnic differences in sources of payment for SUD treatment have not been quantified. This study seeks to provide evidence on racial and ethnic differences in sources of payment for SUD treatment. We are able to quantify if those differences are due to observable characteristics or unexplained factors. Using data from the 2008 - 2016 National Survey of Drug Use and Health (NSDUH), this study analyze data on non-incarcerated individuals with SUD who had any criminal justice involvement in the previous 12 months. An extension of the Blinder-Oaxaca decomposition method for non-linear models (Fairlie, 2017) is implemented to determine at what extent differences in SUD treatment utilization across non-Hispanics blacks, non-Hispanics white and Hispanics are explained by observed and measurable characteristics or unobserved factors. We find that non-Hispanic whites are about 50% more likely to receive a SUD treatment paid by a family member than non-Hispanic Black while Hispanics are about 30% less likely to receive a SUD treatment paid by a family member than non-Hispanic whites. We also find that non-Hispanics blacks are 23% more likely to receive a SUD treatment paid by a court, but only 2.5% can be explained by observed factors and the rest is attributed to unobserved factors. This technique is extremely useful to inform policymakers on how much of the differences in SUD treatment utilization among racial and ethnic groups reflect differences in observable or unobserved factors.