

DEVELOPMENT OF A HEALTH MANAGEMENT PROGRAM FOR INTERNATIONAL  
STUDENTS AND SCHOLARS USING OCCUPATIONAL THERAPY LENS

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## **Doctoral Project Approval**

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## **Abstract**

Health management (HM) is essential to staying healthy. Many parts involve internal abilities, such as the cognitive ability to detect illness internally. However, knowing external sources is equally necessary to perform HM independently, such as knowing how to use health insurance and which healthcare services to use for specific symptoms. As HM is closely related to health and independence, occupational therapy recently expanded the practice by including the occupation of health management.

The International Students and Scholars (ISS) population has been often discouraged from performing parts of health management (HM) due to many cultural barriers and differences that exist in HM across countries. However, finding an education session with a holistic view of this occupation has been difficult, and there is a need for universities to provide such information. This capstone project aimed to develop an HM educational session for the ISS population and evaluate its quality using a questionnaire. During the 14-week capstone experience, the educational session was developed, implemented over three weeks, and evaluated using a questionnaire on perceived knowledge (PK), perceived confidence (PC), and quality. With “5” being the highest, each module’s PK mean ranged from 4.4 to 5, PC mean ranged from 4.4 to 5, and quality mean ranged from 4.4 to 4.67. The result indicated that the HM educational session was efficient and beneficial for both ISS and the citizen university community and improved their perception of their HM engagement. However, minimal data was collected due to the capstone project schedule not being consistent with the literature recommendations to provide educational session during orientation. Therefore, future researchers are recommended to test this HM educational session by conducting the session during ISS orientation for further evaluation to measure the effectiveness.

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## **Introduction**

Health management (HM) is essential in preventing and treating illnesses as early as possible for the best physical status and recovery (Reitz et al., 2020). For this, occupational therapy (OT), which promotes the engagement of HM as a means of a healthy, independent life, suggests navigating the healthcare service (HCS), engaging in physical activities (PA), and consuming healthy food regularly (American Occupational Therapy Association [AOTA], 2020). Although the international students and scholars (ISS) are adults who most likely have the skills needed for HM and are expected to manage their health independently, their engagement in the occupation of HM is often hindered by many barriers that come from differences in cultural background as they settle in United States universities (Omiteru et al., 2018). These barriers include the social aspects of different cultures, such as race discrimination, stigma, languages, and infrastructures. For instance, the U.S. healthcare system is unique in the world as the U.S. is one of very few countries that uses a market-based healthcare system worldwide (Rice et al., 2014; Zieff et al., 2020). These cultural barriers may lead to vulnerability to health issues, such as social isolation and sedentary lifestyles, due to not being able to prevent or treat physical and mental illness (Adegboyega et al., 2020; Li & Zizzi, 2017; Omiteru et al., 2018).

Considering these vulnerability factors for ISS population, this project adhered to the AOTA's effort to promote HM as a new domain of OT practice to promote health and well-being as of fourth edition of the Occupational Therapy Practice Framework (OTPF-4), as well as to the American Occupational Therapy Foundation's (AOTF) research agenda for preventative intervention for people with preventable conditions, such as social isolation and sedentary lifestyle (American Occupational Therapy Foundation & AOTA, 2019; AOTA, 2020). As many articles suggest, educational sessions or modules for universities to provide at the beginning of

their stay may assist ISS in overcoming these barriers by increasing their knowledge and confidence in engaging in HM (Adegboyega et al., 2020; Alakaam & Willyard, 2020; Edward et al., 2022; James et al., 2020; Robinson & Gilmore, 2021). As OT has the skills to prevent illness, promote health, and restore the occupation of HM through feasible education, strategies, and resources, this project created educational sessions using an OT lens and tested their efficacy at a university's International Students and Scholars Services (ISSS) office to answer the question "Can the development and implementation of the HM educational session for ISS increase their perceived knowledge and confidence in HM?" (AOTA, 2020).

## **Statement of the Problem**

The OTPF-4 states that individuals should be able to utilize the healthcare system, engage in PA, and choose healthy food to engage in the occupation of HM successfully (AOTA, 2020). For an individual to perform any occupation, the person's physical and cognitive skills, environmental resources, and methods to engage in the occupation should interact well (Law et al., 1996). The ISS population most likely has the skills. However, a lack of information on resources and methods of unique ways to manage their health in the U.S. prevents them from performing this occupation. The differences, such as language, system, and culture, regarding health insurance (HI), healthcare system, PA, and healthy food hinder ISS from engaging in the occupation of HM (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020; Li & Zizzi, 2017; Matsai et al., 2021; Nobles et al., 2019; Tang et al., 2018). The disruption in HM participation is more prominent in the ISS population as they suffer from acculturation stress factors, in addition to the academic stressors that domestic students share (Adegboyega et al., 2020). The ISS's common acculturation stress factors include adjusting to the new cultural environment, racial discrimination, language differences, and financial burdens (Omiteru et al., 2018). These barriers and stress factors may increase the vulnerability to health issues for the ISS population (Adegboyega et al., 2020; Omiteru et al., 2018). Difference in terminologies used in U.S., stigma derived from cultural differences, and uniqueness of many infrastructures result in lack of knowledge and confidence, which leads to avoidance of engagement in HM, in terms of HI, HCS, PA, and healthy and cultural food (HCF) (Adegboyega et al., 2020; Alakaam & Willyard, 2020; Alshehri et al., 2021; James et al., 2020). The unique barriers that are specific to the activities cause increased limitations to access also, such as transportation to get cultural food

due to having to go to specific markets for cultural ingredients (Alakaam & Willyard, 2020; Gnanapragasam, 2020).

The OT's goal is to enable the client's occupational engagement and performance toward a healthy, independent life by using the OT lens and skills, such as promoting engagement in HM and restoring independence (AOTA, 2020). Therefore, an educational session developed using an OT lens and skills may efficiently fill that need in providing HM educational session to provide feasible education, strategies, and resources that may counter barriers. The educational session may help ISS to improve their perceived knowledge (PK) and perceived confidence (PC), which may lead to occupational engagement and performance of HM in a new environment (Edward et al., 2022). Therefore, this capstone project aimed to develop an HM educational session that is tailored for the ISS population and to provide it to the ISSS office in a university to utilize, including the topics of: U.S. HI, U.S. HCS, ways to get PA, and ways to get HCF. As ISSS in a university is the agency that has the most information on the ISS population, they confirmed the needs found in the literature review and assisted in accomplishing the goals of this project.

### **Operational Definitions**

- Educational session: entire set of modules for whole target population
- Faculty members: ISS faculty or staff members of a university with H-1B, O-1, and TN immigration statuses allowed by the Department of Homeland Security (DHS) according to the individual's purpose of staying in the U.S.
- Graduate students: graduate scholarly level ISS individuals with F-1 or J-1 immigration statuses allotted by the DHS according to the individual's purpose of staying in the U.S.
- Healthcare services: all services that provides primary, secondary, and tertiary prevention

- Health management: “activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations” (American Occupational Therapy Association, 2020).
- Health insurance: the U.S. health insurance that University of Nevada, Las Vegas (UNLV) ISS population are enrolled in
- Healthy food: food ingredients and meals that are health-promoting with options that are culturally appropriate for the population
- International students and scholars: individuals who hold a foreign citizenship and are confined in certain university due to their immigration status
- Language differences or language barrier: difficulty with communicating due to having different terminology or jargon between native language and English
- Module: each part of the educational session with one topic each
- Occupation: meaningful activity to occupy time toward a healthy independent life (AOTA, 2020).
- Occupational therapy: “the therapeutic use of everyday life occupations with persons, groups, or population for the purpose of enhancing or enabling participation” (AOTA, 2020).
- Occupational therapy lens: occupational therapist’s unique skill to breakdown activities or an occupation to analyze challenges and propose best fitting strategies
- Occupational engagement: partaking in an occupation
- Occupational performance: “accomplishment of the selected occupation” (AOTA, 2020).

- Physical activity: any activities that would assist with cardiovascular exercise and muscular strength to improve or maintain health and decrease health risks
- Post-doctoral scholars: post-doctoral level ISS individuals with J-1 or H-1B immigration statuses allotted by the DHS according to the individual's purpose of staying in the U.S.
- Undergraduate students: undergraduate scholarly level ISS individuals with F-1 or J-1 immigration status allotted by the DHS according to the individual's purpose of staying in the U.S.

## **Literature Review**

### **OT and Health Management**

The OTPF-4 added an occupation of HM as one of the central activities required to develop, manage, and maintain health (AOTA, 2020). The importance of HM can be applied for all populations, with and without disabilities (Reitz et al., 2020). The purpose of HM is to lead clients to various positive outcomes, such as preventing the onset or progression of illness and promoting health and well-being. The OT has the skills and is equipped to develop and provide HM interventions or programs to address the barriers and needs of all populations who are vulnerable to occupational engagement in any level, including activity analysis, activity modification, providing occupation-based strategies, and supporting self-advocacy. Although several pieces of literature recognized OT's role in primary prevention, the studies on OT's role with people without a diagnosis are difficult to find (Doll et al., 2020; Muntefering et al., 2023; Shen & Shen, 2019). The HM related literatures regarding the OT health prevention-related community interventions are mostly for people who are diagnosed or for those trying to prevent the onset of a specific diagnosis, which often reflects personal barriers, such as their cognitive abilities to detect sickness (Muntefering et al., 2023; Shen & Shen, 2019). The other HM related literatures discuss the OT's capability and skills that should be used to provide health promotion and prevention services limited to the preventative healthcare environment, such as primary care (Doll et al., 2020). OT community interventions for managing health in a healthy state of life for populations without disabilities, such as most of the ISS population, have not been extensively studied. There is a gap in the literature with respect to OT HM interventions or programs toward the ISS population.

As HM is a new concept introduced in OTPF-4, most articles found directly related to the OT's role in HM are either informational, position, or statement articles, which describe the AOTA's position and opinion regarding the OT's role in HM in the community or within the healthcare setting (Doll et al., 2020; Reitz et al., 2020). The interventions found in the literature are mostly suggestions of potential OT intervention or systematic reviews of a collection of existing interventions that may be effective in HM services (Muntefering et al., 2023; Shen & Shen, 2019). The current literature presents a gap concerning OT HM intervention for populations without disabilities. To address the gap, developing and evaluating an HM educational session using an OT lens for a community without disabilities, such as the ISS population, may support the OT's effectiveness in providing services for the newly expended occupation.

### **Determination of Module and Content**

The OTPF-4 describes HM as activities to develop, manage, and maintain health (AOTA, 2020). The HM categories in OTPF-4 involve all populations, with and without illness, including social-emotional health, symptom and condition management, communication with the healthcare system, medication management, PA, nutrition management, and personal care device management. Although the common acculturation stress factors of moving to a new country affect many parts of HM, the target population for this project is young and less likely to have chronic diseases that require continuous symptom and condition management, medication management, and personal care device management (Adegboyega et al., 2020; Kim & Cronley, 2020; Omiteru et al., 2018; Rai et al., 2021; Zhou, 2023). All categories are essential to consider for HM; however, the ISS population's barriers mostly consist of lacking the knowledge regarding the U.S. healthcare system and how to execute healthy behaviors during their stay in



U.S. Therefore, the following four modules were selected to deliver the holistic view of HM with the best fitting and feasible categories for ISS population: understanding HI, understanding HCS, ways to get PA, and ways to get HCF.

The content of each module considered the common acculturation stressors for the ISS population and the unique barriers toward the four topics that the ISS population often experiences, which are found in the literature using the OT lens. Therefore, this literature review for the module and content highlights three topics: 1) common stressors of the ISS population that increase their vulnerability in relation to health issues and the HM occupation, 2) unique barriers within each module topic for the ISS population, and 3) methodological guidance toward the development of the HM educational session.

### **Common Stressors and Vulnerability of the ISS Population**

Overall, literature regarding the ISS population's barriers to health is scarce. However, the existing literature mostly describes the ISS population as vulnerable in managing their health, primarily due to the common stressors of moving to a new environment with the purpose of successfully performing in academics, which may increase ISS's vulnerability to health issues in both mental and physical aspects, compared to domestic students and faculties (Adegboyega et al., 2020; Omiteru et al., 2018; Rai et al., 2021). The increase in vulnerability in HM and health issues comes from the unique stress related to acculturation and the general life-related stress that many domestic individuals share, such as housing (Omiteru et al., 2018; Rai et al., 2021). The common stressors from acculturation include the stress of the transition to U.S. university life, differing academic goals, adjusting to the new cultural environment, racial discrimination, language differences, and financial burdens (Adegboyega et al., 2020; Omiteru et al., 2018; Rai et al., 2021). The common acculturation stressors may cause mental health problems, such as

mental exhaustion, burnout, anxiety, and depression (Zhou, 2023). These mental health illnesses may lead to physical symptoms, such as fatigue, headache, and weakened immunity, which may increase the susceptibility to other physical illnesses. These factors can result in the ISS population contracting a physical illness or engaging in health-risking behaviors, such as binge drinking (Kim & Cronley, 2020; Zhou, 2023). However, Bai (2016) found that perceived support from the school is a significant predictor of acculturative stress, as many ISS may not be aware of the existing support due to unfamiliarity with such support from their home countries. Some of the same common stressors were found in every HM topic selected for this capstone project's educational session.

### ***Health Insurance***

Despite these health risk factors, the ISS population avoids using HI, despite having a mandatory requirement of HI to stay in a U.S. university (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020). Reluctance to use HI may be due to difficulty understanding different terminology that is specific to U.S. HI. Liu et al. (2023) indicated that the lack of understanding of HI amongst all parts of the U.S. healthcare system prevents about 47% of the ISS population from seeking medical care. The difference in terminology leads to difficulties when an error occurs or a special occasion arises since the resources that are associated with HI utilize jargon (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020; Yagi et al., 2022). Due to the fear of paying much more healthcare fees and adding to their financial burden, the ISS often avoids using it to maintain their health, even with HI. Instead, the ISS opts for home remedies or over-the-counter medications, which may delay treatments for certain illnesses. Nonetheless, they must utilize their mandated HI during their stay in the U.S.

universities, including preventative care or acute diagnosis, such as immunization and physical injuries (Adegboyega et al., 2020).

### ***Healthcare Services***

With similar reasons for the avoidance of using HI, the ISS population shows high avoidance of using the U.S. HCS due to common stressors, such as differences in languages and cultural differences (Obeng et al., 2015). Although many ISS feel that American physicians are more helpful than physicians in their home countries, many become hesitant to visit a physician in the U.S. For instance, the ISS would experience difficulty answering the doctor's detailed questions and explaining their symptoms, as many terms for symptoms require medical terminology and cultural differences may exist for certain expressions and behaviors.

### ***Physical Activities***

Engaging in PA is one of the methods to prevent many physical and mental chronic conditions (Li & Zizzi, 2017; Rio & Saligan, 2023). However, the literature suggests that the ISS population often engages less in PA as they stay in U.S. universities, despite their motivation to exercise (Alshehri et al., 2021; Cho & Beck, 2016). The reasons from the common acculturation stress for ISS's less engagement in PA include the difference in academics and language differences (Curtin et al., 2019; Li & Zizzi, 2017; Rio & Saligan, 2023). For instance, certain groups of ISS, such as Asian groups, highly prioritize academics over engagement in PA (Curtin et al., 2019). In addition, some suggest that having different terminology for certain PAs prevents ISS from participating in the PA, such as social PA events or competitive PA (Alshehri et al., 2021; Cho & Beck, 2016).

### ***Healthy and Cultural Food***

Various health issues may occur with a sudden change to the typical American diet, such as weight gain, fatigue, and diabetes (Alakaam & Willyard, 2020). However, concerning the common acculturation stress, financial burden often prevents the ISS population from choosing HCF, despite their motivations to eat HCF (Alakaam & Willyard, 2020; Bauch et al., 2023). Although strong cultural or religious beliefs, as might be seen within Muslim culture, may override this barrier, the effect of financial burden on food choices is more prominent in international students who do not have a financial income (Bauch et al., 2023; Handani, 2021).

### **Unique Barriers Toward Engaging in HM**

Beyond the common acculturation stress, such as language barriers, differences in academics, cultural differences, and financial burdens, other barriers toward engaging in HM were found within each topic. The unique barriers included social isolation, lack of information, and stigma. As with the common stressors discussed above, these unique barriers are also specific to the ISS population.

### ***Health Insurance***

U.S. HI is unique to the country (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020). Only a few countries use a market-based insurance system, and the U.S. is one of them (Rice et al., 2014; Zieff et al., 2020). Market-based insurance is also significantly complicated due to the need to understand all parts and procedures to truly utilize it to its full potential. However, the literature consistently reports that ISS experience frustration and distrust toward the U.S. due to having difficulty in utilizing U.S. HI, when necessary, as caused by struggles to understand HI terminology, benefits, and cost-sharing (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020; James et al., 2020; Zhou, 2023). This struggle is not

limited to the common stressor of language barrier, but comes from the major differences in the system. Studies suggest an educational program with a holistic view of HI can resolve this issue, particularly because the HCS and the university, often lack time or knowledge regarding HI (Adegboyega et al., 2020; Edward et al., 2022; Liu et al., 2023; Yagi et al., 2022; Zhou, 2023).

### ***Healthcare Services***

The HI literacy is directly related to HCS utilization, amongst other factors (James et al., 2020; Liu et al., 2023). The difference in U.S. HCS follows U.S. HI due to the market-based healthcare system (Rice et al., 2014; Zieff et al., 2020). In addition to the common stressors of the communication barrier, the lack of information on the process and different resources on HCS, factors such as stigma from their cultural, religious, and gender background also present barriers to accessing certain medical services (Liu et al., 2023; Masai et al., 2021; Tang et al., 2018). For instance, a lack of knowledge in differentiating HCS led to avoidance of healthcare use or increased use of the emergency room in an inappropriate circumstance (Adegboyega et al., 2020; Yagi et al., 2022). In addition, Zhou (2023) indicated that some HCS, such as mental health services, are often avoided by the ISS population due to the fear of discrimination and stigma based on their cultural or religious backgrounds.

### ***Physical Activities***

Utilization of HCS is not the only way to manage one's health. Although the ISS population is aware of the importance of PA, the specified barriers, such as lack of social support and gender, racial, or cultural expectations, prevent them from engaging in PA (Alshehri et al., 2021; Curtin et al., 2019; Rio & Saligan, 2023). For instance, Alshehri et al. (2021) report that the level of social support is an important predictor of the ISS's PA behaviors. On the other hand, it also suggests that the relationship between social support and PA behavior is reciprocal.

Therefore, engagement in PA can assist in building social support in the new environment for ISS (Alshehri et al., 2021; Li & Zizzi, 2017). Further, Curtin et al. (2019) highlight the inverse relationship between cultural expectation or discrimination and PA engagement. As the ISS's scholarly level advances, in relation to other factors such as age and gender, the academic related priority seems to strengthen which leads to decreased prioritization of PA engagement, as they view PA as a leisure activity rather than a health necessity. However, viewing PA as leisure should not be de-emphasized, as a couple studies have indicated that PA can significantly improve physical and mental health, as well as develop one's social support when PA is engaged as a leisure activity (Rio & Saligan, 2023; Robinson & Gilmore, 2021).

### ***Healthy and Cultural Food***

Sudden acculturation to the typical American diet may increase the incidence of weight gain and various health issues, such as fatigue and diabetes (Alakaam & Willyard, 2020). Apart from the common stress factors of ISS involving financial burden, eating habits and food choices are identified as top barriers to HM in the U.S. for the ISS population (Alakaam & Willyard, 2020). Throughout the literature, the main barrier identified was access to food that fits their cultural or religious beliefs, lack of information on the location of cultural ingredients, and limited transportation (Alakaam & Willyard, 2020; Gnanapragasam, 2020). Although the ISS population knows the importance of eating healthy food, they prefer healthy food that fits their cultural background. Gnanapragasam (2020), who aimed to find the needs of the community regarding their food choices while staying in a foreign country, states that a program which promoted social support on the topic of food played a big role in reducing these barriers, in terms of transportation and sharing food. Kandil (2022) also highlights the importance of one's food culture and considering it holistically when developing and promoting healthy diet awareness.

## **Integrated Summaries**

The literature and AOTA clearly state that OT has its role in promoting health and HM to all populations regardless of disabilities, especially for people with barriers to engage in the occupation. The OT is proficient in providing interventions and education on HM by using OT skills and the OT lens, such as activity analysis, activity modification, occupation-based strategies, and supporting self-advocacy. However, there seems to be very limited interventions for people without disability despite a growing amount of evidence on OT's role and effectiveness in HM for people with disabilities worldwide. This phenomenon does not support the spectrum of potential clients of the OT profession, as it is not limited to people with disabilities but to all people who are troubled with occupation engagement or performance regardless of the existence of disabilities. As discussed, the ISS population is deemed vulnerable in relation to engaging in the occupation of HM and health issues due to the various barriers to managing their health and the increased health risks due to their acculturation stress. Therefore, finding the effectiveness of using the OT lens in an HM educational session toward the ISS population, the majority of whom are without disabilities, may contribute to the existing gap in the literature.

The literature on each topic highlights ISS's common and unique barriers toward HM and a general need for education on these topics provided by the university. These findings supported the need to provide specific knowledge on each module. The specific needs of the ISS population to understand HI were found in the literature to provide education on terminology, eligibility, and cost-sharing aspects of the insurance (Adegboyega et al., 2020; Liu et al., 2023). In addition, the literature states that ISS is in need of strategies and knowledge regarding communicating with the healthcare professional, the process of finding and receiving HCS, and understanding

different resources for HCS to be able to utilize the HCS (Liu et al., 2023; Obeng et al., 2015). For PA engagement, it was found that ISS was having difficulty finding ways to engage in PA while prioritizing academics and overcoming the barrier and fear of social participation (Alshehri et al., 2021; Curtin et al., 2019). Regarding having HCF, the ISS population was experiencing difficulty in accessing such food in terms of information, transportation, and financial burden (Alakaam & Willyard, 2020; Bauch et al., 2023; Gnanapragasam, 2020).

Although there are a limited number of articles on the topics due to the ISS population's characteristic of being hesitant to reveal their immigration status, the articles of the literature review represent various geographic areas of the U.S (Adegboyega et al., 2020; Liu et al., 2023; Obeng et al., 2015; Rai et al., 2021). A few articles had small sample sizes but had strong reliability in data collection and analysis methods, whereas, a few articles had large sample sizes with up to 9 different home countries or regions in diverse scholarly levels in the university (Adegboyega et al., 2020; Bauch et al., 2023; Rai et al., 2021; James et al., 2020). Despite the different geographic settings, sample sizes, and methods, all articles indicated similar findings regarding identified barriers. These factors increased the generalizability of the findings. The generalizability increased the applicability of the findings to this project, as the potential participant of this capstone project included all of ISS population within UNLV who are from various countries or regions and university status. In addition, the HM educational session in this capstone project was developed with the needs found in this literature review. It contained educational information, strategies, and resources that considered the barriers and needs of the ISS population using an OT lens.



## **Guidance for Methodology**

Several methods were presented in the literature as the most effective ways to deliver information to the ISS population. Montagni et al. (2018) suggested that developing an online video was effective in delivering a holistic view of the complex insurance information. In addition, several articles recommended a combination of traditional and constructivism as the most effective learning method for ISS, for both online and in-person learning (Gandhi & Mukherji, 2023; Hsu & Sung, 2023; Zhang & Kenny, 2010). The traditional learning principle is learning through passive and informational lectures, whereas constructivism involves active learning by connecting the information to their own experience (Gandhi & Mukherji, 2023). As it is difficult for online educational session to include active learning, such as hands-on experience, it was decided that the in-person session was most feasible in increasing learning efficiency by using the suggested mixed method. The literature may be limited in generalizability throughout all educational levels of the ISS population since the studies are only done at the postgraduate and master levels. However, the recommended delivery design seems feasible, as it is consistent through three articles with participants from Eastern and Western countries.

### **Statement of Purpose**

With these findings, the purpose of the capstone project is to create an educational session that provides information and resources that fit the need of the ISS population. The educational session would be available for the university to utilize to help increase PK and PC for the ISS population to engage in HM. This project adheres to the AOTA's effort to promote HM as a new domain of OT practice to promote health and well-being. The hypothesis is that the educational session will increase the PK and PC of the ISS population to engage in HM and will be feasible to implement in the UNLV ISSS. The educational session will focus on the topics of HI, HCS that can be used with the HI, promotion of PA, and consumption of HCF. The objective of the project would be to learn about ISS's different UNLV HI plans, search and identify resources regarding HCS, PA, and HCF near UNLV by visiting the corresponding personnel and departments, creating an educational session, implementing the educational session, evaluating the quality of the educational session, and revising the educational session accordingly before presenting it to the ISSS for future use.

## **Theoretical Framework**

This project uses a combination of two OT theoretical frameworks and two learning principles. The theoretical frameworks, the Person-Environment-Occupation (PEO) model and Lifestyle Redesign (LR) OT intervention framework, were utilized in constructing the project's content, including education, strategies, and resources provided on HM for this population (Law et al., 1996; Pyatak et al., 2022). To compliment the OT framework in delivering the content of the educational session, the project utilized a mix of traditional and constructivist learning principles as a teaching method for the ISS population, including lectures and activities.

The PEO model states that successful occupational performance occurs when a person, environment, and occupation interact well. The occupational therapist can use this model to analyze and target which aspect of the model was interrupted, preventing the client from performing the occupation. According to the literature, the ISS's barriers occurred by the drastic environmental change, including different cultures, languages, and infrastructures, hinder the ISS population from engaging in the occupation of HM (Adegboyega et al., 2020; Omiteru et al., 2018). The lack of education on the U.S. infrastructures and the ISS's various social and cultural barriers in the environment leads to avoidance and loses the great extent of their familiar ways to perform occupation of HM in their home country. As a result, not having an understanding of where to go in their environment and how to use the available infrastructure to manage their health caused increased vulnerability to occupational engagement in HM and various health issues, in terms of mental and physical health, risky health behaviors, and not being able to treat illnesses, despite their efficient skills as a person (Bai, 2016; Kim & Cronley, 2020; Zhou, 2023). Providing educational sessions with information, strategies, and resources on ways to manage

their health in the U.S. concerning these barriers may increase the occupational performance of HM according to this model.

To compliment the PEO model, the LR framework was utilized to construct the contents of the educational session that encompasses ISS's barriers to the occupational performance of HM (Pyatak et al., 2022). The LR framework is a contemporary occupational therapy intervention framework that aims to increase awareness of the relationship between daily activities and health, and it guides anyone with adversities toward keeping their health and well-being. The intervention using LR framework guides clients by educating and interweaving healthy lifestyle activities with the regularly performed occupations, habits, and routines with techniques such as occupational self-analysis, narrative reasoning, and collaborative problem-solving. The most essential factor for this framework is co-creation and analysis of the occupations, habits, and routines between the client and therapist. The factors of the LR framework aligns well with this capstone project, as it aims to provide various information and resources to promote HM and restore ISS independence, while addressing their schedules, cultural beliefs, and barriers toward engagement of the occupation. Creating and providing a holistic HM education session helps participants self-analyze their current lifestyle and introduces strategies and resources toward health and well-being. These actions may increase ISS PK and PC toward their engagement in HM. The combination of traditional and constructivist learning principles was a well-fitting teaching method while using the LR framework. The mix of the two learning principles delivered a vast amount of information on each module, promoted self-analyzing, and practiced interweaving the suggested strategies to their current lifestyle by connecting the learned information to their own experience through activities such as discussion, hands-on, and case studies. Its fit was consistent with the literature,

as a number of articles recommended the combination of the two principles as the most effective learning method for ISS (Gandhi & Mukherji, 2023; Hsu & Sung, 2023; Zhang & Kenny, 2010).

## **Methodology**

### **Site Description and Target Population**

The capstone project took place in the ISSS office at UNLV, located in the Southwestern part of the U.S. The university established the ISSS office to assist ISS in a smooth transition to UNLV by ensuring compliance with the Student and Exchange Visitor Information System and federal law (International Student and Scholar Services, n.d.). The ISSS enrolls or hires ISS, assists and advises regarding ISS's visa and immigration status, provides specialized services to the ISS community in UNLV, and facilitates ISS transition to the UNLV campus and the U.S. The ISSS office is ISS's typical window for inquiries during their stay. The site provided the information on characteristics and regulations regarding different immigration statuses, assisted with the recruitment process, and produced educational session materials.

The target population included ISS of any scholarly level, including undergraduate, graduate, and post-doctoral scholars, visiting scholars, faculty, and staff enrolled or employed in UNLV for their studies, scholarly work, and employment. The affiliated immigration statuses included F-1, J-1, H-1B, O-1, and TN. According to the site mentor, the ISS director of compliance, undergraduate and graduate students typically have F-1 and J-1 immigration statuses, post-doctoral scholars typically have J-1, and H-1B immigration statuses, and faculty members typically have H-1B, O-1, and TN immigration statuses (L. Chaney, personal communication, October 26, 2023). The age range of the ISS population in UNLV mostly ranged from age 18 to the 30s, with some outliers of a few in the 70s. The target population's description was obtained from ISSS while abiding to the Family Educational Rights and Privacy Act (FERPA) regulation to protect their privacy.

## **Research Design**

This project is a program development project using a posttest survey to determine the quality of the HM educational session for ISS, "Four Ways to Manage Your Health." The method of this project progressed in the following phases: a collection of information on the contents of the session regarding HM; development of the educational session, class materials, and feedback questionnaires; recruitment; implementation of the educational session; feedback analysis; and revision of the session for final use by the ISSS.

### ***Phase I: Information Collection***

Different characteristics and regulations regarding the immigration status of the target population were gathered from the site. Through an informal interview with the site mentor and the assistant, it was found that the ISS population in UNLV is required by federal law to apply for and sustain their HI within the U.S. (Chaney & Hernandez, personal communication, September 13, 2023). The requirements for the insurance plans differ by immigration status. The site mentor also reported that common inquiries from ISS relevant to HM included information on HI, comprehension of differences in various HCS, resources to engage in PA, and HCF options aside from the campus food. The session's modules were selected accordingly, as these inquiries were very consistent with the needs found in the literature review. Information on the educational portion of the session was collected mainly from internet searches in federal organizations, world organizations, and research articles (Centers for Disease Control and Prevention, 2022a; Centers for Disease Control and Prevention, 2022b; U.S. Department of Agriculture & U.S. Department of Health and Human Services, 2020; World Health Organization, 2020; World Health Organization, 2022). Certain information that was specified to a component, including university HI and state employment HI, was collected and confirmed by

related departments within the university and by associates from the insurance companies for accuracy (Bustos & Koliba, personal communication, January 29, 2024; C. Tibaduiza, personal communication, February 14, 2024). Information on resources available in and around the campus was collected mainly from the university website and using Google Maps, and most resources were visited in person to increase accuracy (Google, n.d.).

### ***Phase II: Development of the Educational Session***

The session abided by the chosen theoretical frameworks. The traditional educational sections and constructivist activities were utilized with examples of constructivist activities in this project included opportunities to reflect on the participants' experience, application of the learned materials to a real-life scenario, and at least one hands-on experience per module. The strategies derived from the LR framework provide opportunities for ISS to self-analyze their current lifestyle and suggest small changes or add healthy options in or between their routines, as well as various resources that may fit their interest and are accessible.

Although this educational session was aimed to be one program, there were many limitations to implementing the program in one session, such as time, setting, and scattered studying or working schedules of the prospective participants. Therefore, the session was divided into four modules, and one module per day was to be presented to gain as many participants as possible. In addition, the ISS population was divided into three different sub-groups, depending on their scholarly level and age groups, to limit the amount of content given per module, shorten the session time as much as possible, and increase the chance of gaining participants. The basic content was similar for each module for each sub-group with different resources that are tailored to each sub-group.



Each module's content was organized using a PowerPoint presentation with an informational section, at least one strategy for engaging with the corresponding topic, at least one real-life scenario or case study activity, and a list of resources located on and around the campus. Generally, the educational session included terminology, navigation through the unique U.S. infrastructure, information regarding access and availability, and recommendations with the OT lens regarding methods to engage in each module. Specifically, the HI module had a holistic view of HI including, terminology, understanding of eligibility and benefits, cost sharing, understanding of billing, and ways to resolve potential billing issues (see Appendix G). The HCS module included general terminology, available HCS, directions to which services to utilize for different needs, and ways to navigate the services while using their HI (see Appendix H). The PA module included information on different services and facilities that are accessible to ISS, information regarding basic PA recommendations, alternative options for PAs, how to overcome language differences while engaging in PAs, and an introduction to U.S. culture regarding PA (see Appendix I). Lastly, HCF module included information on different HCFs that are accessible to ISS, information regarding basic nutritional balance recommendations, different ways to engage in healthy food, and ways to overcome language differences (see Appendix J).

### ***Phase III: Development of Feedback Questionnaire***

Feedback Questionnaires were utilized to collect changes in the PK and PC, the quality of the educational session, and feedback for quality improvement of the educational session. As this educational session was newly developed, currently available validated questionnaires were not a good fit for this project. Therefore, the Feedback Questionnaire was self-developed for each module for each participant to complete.

The Feedback Questionnaire includes two parts: demographic questions and feedback questions. Only the information that affected the content selection was considered for the demographic portion, including participant age, cultural background, scholarly level, and immigration status (see Appendix B). The demographic questions were also used to confirm whether participants were in the correct session regarding their scholarly level, immigration status, and desired topics. In the Feedback portion, questions related to the change in their PK and PC were asked, as the literature suggests that PK and PC are directly related to engagement in occupation (Edward et al., 2022). In addition, quality improvement suggestions were elicited by using open-ended questions, including feedback regarding difficulty level, content, and topics (see Appendices C, D, E, F). These questions were designed to help guide revisions of the educational session at the end of the project. One page for each part was used for the questionnaire to prevent the participants from reviewing the questionnaire prior to attending the session. A randomized raffle number was used to ensure the anonymity of the data collected, and it was also used to match the participants from the demographic portion to the feedback portion.

#### ***Phase IV: Creation of Class Materials***

A small booklet was created as class material that adheres to the theoretical frameworks chosen for this project. It contained generalized information, real-life examples, and interactive worksheets for the participants to utilize during the session. It can also be used to practice at home for better understanding and practice of the topic for each module. Four booklets were developed to correspond to each topic relevant to the methods (see Appendices K, L, M, N).

#### ***Phase V: Recruitment***

This project utilized convenience sampling and voluntary response sampling to gain as many participants as possible within the given time. In all recruitment methods, the participants

were asked to choose their desired topic and join the corresponding event or schedule for an individual session via email. In addition, they were also informed that incentives of snacks and a chance to win a 30-dollar prepaid visa card were presented in all recruitment methods to promote participation.

Various recruitment methods were implemented, including distributing and posting flyers, posting on social media and event calendars, and sending mass emails to the ISS population. The flyers were posted in four locations throughout the campus, were distributed in general ISSS events, and were distributed in person on the days of session events (see Appendix A). A mass email was sent once weekly for three weeks to present and remind the ISS population regarding the session events. The session events were posted on the ISSS office social media every day before and during the scheduled session events. The session events were posted on the ISSS and the university's general event calendars. Opportunities for individual sessions by scheduling via email were provided for people who were interested yet were not able to participate due to personal reasons throughout March.

#### ***Phase VI: Implementation of Educational Session and Data Collection***

The educational sessions were scheduled as in-person events over three weeks in March. Each group was allotted for each week, and each module was allotted each day for four days per week (See Table 1). Opportunities to schedule an individual or group session were provided throughout March to accommodate the prospective participants who could not attend the events. Each session lasted about an hour. The procedure of each educational session, for both in-person events and individual sessions, was as follows:

1. Each participant was provided with the questionnaire, class material, and a raffle. The demographic portion of the questionnaire was filled out before the session started. The participants entered the raffle after the demographic portion was completed.
2. All participants were informed to hold their questions until after the questionnaire was filled out at the end of the session to keep all sessions consistent.
3. The educational session content was delivered in person. The content was delivered in a traditional lecture form. The interactive activities used self-reflective questions and class materials. All participants were very open to answering the questions and participating in the activities.
4. The feedback portion of the Feedback Questionnaire was to be completed when all contents were delivered. It was completed after the educational section and before the question-and-answer section at the end of the event to ensure that the education provided was as consistent as possible. The participants were encouraged to be honest, informed of anonymity assurance, and to complete all parts of the questionnaire. A non-transparent folder was provided in the front of the room and they were instructed to place the finished questionnaire in a non-transparent folder. Then, I stepped out of the room for up to ten minutes. The completed feedback questionnaires were individually put in a non-transparent folder by all participants. This precaution was to ensure the participants' anonymity and to reduce the Hawthorne effect, to prevent the participants from possibly answering the questionnaire against their true opinion to meet my expectation due to my presence in the room.
5. After all questionnaires were collected, a raffle provided the promised incentive. For the group sessions, the raffle was randomly picked at the end of each session. For individual

sessions, the raffle was collected at the end of each session and picked at the end of the whole implementation phase.

6. Any questions that arose during the content delivery were answered.
7. The non-transparent folder with data was stored in a locked cabinet in a locked office.

**Table 1**

*Educational Session Event Schedule*

Participants	Monday	Tuesday	Wednesday	Thursday
Undergraduate and Graduate Students	HI	HCS	PA	HCF
Post-Doctoral and Visiting Scholars	HI	HCS	PA	HCF
Faculty and Staff	HI	HCS	PA	HCF

*Note.* This table demonstrates the schedule of each module on health insurance (HI), healthcare services (HCS), physical activities (PA), and healthy and cultural food (HCF) for each group of participants according to their scholarly level.

***Phase VII: Feedback Analysis and Quality Evaluation***

The data on demographics, PK, PC, and quality was collected via a paper questionnaire. The demographic data was counted and identified (see Table 2). The dichotomous data was counted, and the Likert scale data was analyzed using descriptive analysis using Microsoft Excel to summarize the data collected (see Table 3). The open-ended feedback answers were analyzed through content analysis and used to determine the effectiveness and quality of the primary version of the educational session and to revise it for an improved final version of the educational session.

***Phase VIII: Revision and Final Product***

Upon reviewing the open-ended questions, the only critique requested was additional specific examples of the ingredients for nutrient-dense choices under the *Ways to Get Healthy and Cultural Food* modules. The following request was fulfilled by adding a slide with specific examples of nutrient-dense choices. The final product of the education session was presented to ISSS for future use in their upcoming orientations for the new-coming ISS population in the form of PowerPoint presentations with scripts for four modules and the class materials.

### **Ethical and Legal Considerations**

Under the principle of beneficence, the entire group of the ISS population was considered for the educational session (Barrow et al., 2022). Any information gained from the participants was kept anonymous, and exposure to personal experience in public speaking during the session was voluntary for all participants. The potential benefits were projected to be access to a potentially valuable educational session and an increased understanding of the information to assist their HM occupational performance. For ethical and legal considerations, the need for IRB was consulted with the UNLV Interim Assistant Director of Human Subjects. I received confirmation that IRB is not required for this capstone project as it is a program development. As such, informational consent collection was not necessary for the participants. However, sensitive information, such as the immigrant status of the participants, was collected. Therefore, the FERPA certificate was obtained before being stationed at the site. In addition, data collection was done with extra caution to keep anonymity, and the data was stored in a locked cabinet that only I could access in a locked office. Lastly, all participants were verbally and visually informed of the above safety measures.

## Results

### Participants

In Spring 2024, UNLV had 840 enrolled ISS. A total of four participants, including three ISS and one undergraduate student who identified as a citizen, participated in the educational session (see Table 2). Although the student with an immigration status of citizen was not within the target population, the data was collected to measure the possible greater generalizability to the university population. The three ISS participants included one undergraduate student, one graduate student, and a faculty between the ages of 20 and 50. Only one participant was able to attend the session for two different modules, whereas other participants attended one module on separate days. All participants chose three out of four topics (see Table 2). All ISS participants portrayed an interest in all four topics. However, their schedule made it difficult to attend another module for a different topic. All participants were provided with the corresponding modules on their topic of interest and university status before collecting the data. All participants completed all parts of the questionnaires without clarification.

**Table 2**

#### *Demographic Information*

Scholarly Level	N	Age	Modules Attended <sup>a</sup>	Immigration Status <sup>b</sup>
Undergraduate Student	1	20	HI	F-1
Undergraduate Student	1	20	PA	Citizen
Graduate Student	1	33	HI, HCF	F-1
Faculty	1	49	HI	H-1B

*Note.* <sup>a</sup> HI = *Understanding Health Insurance* module; HCS = *Understanding Healthcare Services* module; PA = *Ways to Get Physical Activities* module; HCF = *Ways to Get Healthy and Cultural Food*. <sup>b</sup> The immigration status varies depending on the scholarly level and their goals to stay in the U.S. Undergraduate and graduate students usually have F-1 and J-1 immigration statuses, post-doctoral scholars usually have J-1, and H-1B immigration statuses, and faculty members usually have H-1B, O-1, and TN immigration statuses.



## **Effectiveness of HM Educational Session using OT Lens**

The data was collected to measure the influence on the participants' PK, PC, and the Quality of the HM educational session. Although all modules were meant to be one HM educational session, data could not be collected for all four modules. Therefore, the data were analyzed by grouping the questions into three categories in each module: PK, PC, and Quality. All participants agreed that the session influenced their PK and PC positively on all dichotomous questions in all three modules. Three ISS participants attended the HI module. All participants in the HI module felt a general improvement in both PK and PC, as evidenced by the mean ranging from 4.83 to 5, with '4' meaning slightly high and '5' meaning high (see Table 3). They also rated the Quality as generally high, with a mean of 4.67 and no outliers. One citizen participant attended the PA module. The participant felt a substantial improvement in PK and PC and rated generally high for Quality, with a mean of 4.4. The lowest score rated was '3' meaning neutral for question number 7, which derived from being identified as a citizen and the part of the session addressing the ISS barrier deemed not relevant to the participant per fieldnote (see Appendix E). One ISS participant attended the HCF module. The participant felt a neutral improvement in PK with a mean of 3 and a generally high improvement in PC with a mean of 4.5. The participants generally rated high for Quality, with a mean of 4.4. The lowest score rated was '3' for question 7, which derived from expecting different types of content and seeking dietitian or nutrition-related information rather than the strategies and resources to get HCF, according to the fieldnote.

**Table 3***Descriptive Analysis Results*

	Health Insurance (N = 3)			Physical Activity (N = 1)			Healthy and Cultural Food (N = 1)		
	PK	PC	Quality	PK	PC	Quality	PK	PC	Quality
Mean	5	4.83	4.67	5	5	4.4	3	4.5	4.4
Median	5	5	5	5	5	5	3	4.5	4
Mode <sup>a</sup>	5	5	5	N/A*	5	5	N/A*	N/A*	4
Minimum	5	4	4	5	5	3	3	4	4
Maximum	5	5	5	5	5	5	3	5	5
Items	3	6	15	1	2	5	1	2	5

*Note.* This table demonstrates the result of the description analysis on each module for the categories of perceived knowledge (PK), perceived confidence (PC), and quality of the educational session.

<sup>a</sup> The mode is across items and the number of participants.

\* The result could not be generated with the current data.

## **Discussion**

The study aimed to develop a HM educational session for the ISS population using the OT lens and evaluate its quality. With the OT lens and applying the OT theoretical framework of PEO, the HM educational session was able to take a holistic approach to provide appropriate education, strategies, and resources that fit the ISS population's needs found in the literature review. The capstone project contributed in promoting occupational engagement in HM and restoring their independence, which abided to the AOTF research agenda of prevention activities (American Occupational Therapy Foundation & AOTA, 2019; AOTA, 2020). During the recruitment phase, many potential participants portrayed their interest in all four topics. However, the actual number of participants was meager despite the effort to provide as many opportunities as possible through extended times of the events and the availability of scheduled individual or group sessions. On the other hand, the participants' responses and feedback toward this session suggested that OT was a suitable fit to provide this session and effectively improved the participants' PK and PC.

### **Participants**

The ISS population is vulnerable to illness and HM struggles given their limited knowledge and confidence in engaging in occupations related to HM, including the use of health insurance and healthcare services, as well as engaging in PA and HCF in the U.S (Omiteru et al., 2018; Rai et al., 2021; Zhou, 2023). The participants in this capstone project were only involved in ISS at UNLV. Therefore, the result may not represent the general ISS population in the U.S. in terms of different geographic settings for resources. In addition, few participants attended the session despite the number of interests shown during the recruitment phase. This phenomenon may have derived from the nature of the university with scattered schedules with different majors

and the ISS's foremost priority being academics. The session may have been more accessible if it had been conducted in orientations, as much literature has suggested (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020; Alakaam & Willyard, 2020; Alshehri et al., 2021; Liu et al., 2023; Zhou, 2023). However, orientations are usually given at the beginning of the semester, which is not consistent with the capstone project schedule.

Although having a small number of participants undermines the internal and external validity of the result, the various demographic characteristics of the three ISS participants may represent even results regarding the different groups of the ISS population. Additionally, one participant was a citizen undergraduate student. According to the response from the citizen participant, the educational session seemed effective as long as the barriers were relevant to the population. This poses a possibility of increased generalizability of the HM educational session to be adequate to a broader spectrum of the university community other than the ISS population. The difference in immigration status did not impact the results, other than some content that did not apply to individuals with citizenship, such as specific ISS barrier characteristics. Other generalized education, strategies, and resources using the OT lens seemed helpful for both ISS participants and citizen participants, based on their feedback in the questionnaire and the field notes on the participants' verbal feedback.

### **Effectiveness of HM Educational Session using OT Lens**

The HM educational session using the OT lens seems to be portrayed as high quality and effective in improving the participants' PK and PC, as evidenced by the questionnaire results. In addition, all participants indicated that the session highly increased their confidence to engage in HM overall, consistent with the literature from Edward et al. (2022). All participants' feedback on the quality of the session was overall positive, with indications of having thorough education,

innovative strategies, and numerous information and resources on each topic, which supported the effectiveness of using the OT lens and the OT theoretical framework for the content and arrangement of session delivery. This result may indicate that OT's skills are appropriate in providing feasible interventions or programs in the area of HM. One ISS participant wished to have a time management and stress management session. This participant may have benefited from attending the *Ways to Get Physical Activity* module, as it contained strategies and resources involving time and stress management elements. This request adds validity to the common ISS barriers in the literature, the current choice of topics, and the quality of HM educational session for the ISS population. In addition to the OT theoretical framework, the selection of traditional and constructivist learning principles for the method of the educational session delivery was generally effective in delivering the content to session participants, informing the informational section, posing questions to reflect on the participants' own experience, on-hand activity section, and real-life scenario.

Among the four modules provided, three out of five participations were in the *Understanding Health Insurance* module. This pattern may indicate that this topic was the most interesting among many HM topics. This phenomenon is consistent with the amount of literature found, as this topic was most popular in the search for HM for the ISS population. This occurrence may also be due to the entirely different healthcare system from most other countries, as evidenced by three ISS participants' testimonies; the majority of other countries use universal healthcare, in which the government covers the healthcare costs. Two of the ISS participants also stated that financial issues were one of the reasons for attending the *Understanding Health Insurance* module due to the high cost of U.S. healthcare and HI often covering only part of the HCS. The participants' statements of the reasons for choosing the module were consistent with

the literature found for the barriers to the HI topic (Abrao da Silva Guterres & Lazar, 2022; Adegboyega et al., 2020).

### **Limitations**

This capstone project had some significant limitations, including sample size, sampling method, and data collection method. As discussed, the small number of participants decreased the significance of the data. In addition, the program development was done in only one university, which decreases the generalizability, especially to other geographical settings that may differ in available resources, such as transportation options. Further, the convenience sampling method may lead to data bias, which also contributes to decreased generalizability. In terms of the limitation in data collection, data on the *Understanding Healthcare Services* module could not be collected, as no participant participated in this module. This occurrence may be due to topics of HI and HCS being closely related, and the HI affects the financial burden more heavily than learning how to use the HCS. With more participants or at a more convenient time, the HCS module might have gained more data. In addition to the lack of data, the questionnaire was self-made, meaning that its reliability and validity cannot be psychometrically assessed with such a small sample. However, creation of questionnaire was inevitable due to current standardized assessments not fitting the need for this capstone project. The most significant limitation of this capstone project was the limited number of evidence-based research in terms of OT and the ISS population, as the HM occupation was added newly in the OTPF-4 in the year of 2020, and the difficulty of gaining participants in the ISS population, possible avoidance in openly identifying their immigration status. Having abundant budget, time, settings, standardized assessment developed for educational sessions, and evidence-based literature may decrease these limitations toward HM educational session program development.

## **Conclusion**

In conclusion, the developed HM educational session using the OT lens seemed successful and effective in increasing the target populations' PK and PC in HM, potentially leading to increased occupational engagement (Edward et al., 2022). It was also viewed as high quality for delivering the content clearly and thoroughly to the ISS population. The evaluation result posed an implication for OT that the OT lens is appropriate for providing strategies and education on this topic to the ISS population, a population who has vulnerability in respect to the occupational engagement in HM. As a result, this project took part in implication for the AOTF research agenda of prevention activity and contributing to the OT Centennial Vision by showing evidence in OT of being a powerful workforce globally that meets society's occupational needs (American Occupational Therapy Foundation & AOTA, 2019; AOTA, 2007).

Although this project was limited to the ISS population in UNLV, the result indicated that this HM educational session may be feasible for the ISS population in universities throughout the U.S., with adjustments to available resources. Therefore, future researchers are recommended to test the generalizability of the effectiveness of this HM educational session. Evaluating the effectiveness of this HM educational session by conducting the session during orientation at the beginning of each semester is suggested (Adegboyega et al., 2020; Alshehri et al., 2021; Bauch et al., 2023; Liu et al., 2023). The potential of increasing occupational engagement may additionally be studied through a longitudinal study to measure the effectiveness of the HM educational session in relation to actual occupational engagement in HM. Finally, as the participant who identified as a citizen found this HM educational session effective, the session's effectiveness may be tested on other university students.

## Appendix A

### Flyers

**4 WAYS TO MANAGE YOUR HEALTH**

Understand Health Insurance | Use Healthcare Services  
Eat Cultural & Healthy Food | Exercise

**Pick and choose your topics of interest**  
**\*Snacks and chance to win \$30 card\***

International Undergraduates & Graduates (F1, J1)  
**Topic: Understand Health Insurance** | 3/4 | 10AM | SU 209  
**Topic: Use Healthcare Services** | 3/5 | 10AM | SU 208 C  
**Topic: Ways to Get Physical Activities** | 3/6 | 10AM | SU 208 C  
**Topic: Ways to Eat Cultural and Healthy Food** | 3/7 | 10AM | SU 208 C

For any questions, feel free to contact Bo Park: [parkb10@unlv.nevada.edu](mailto:parkb10@unlv.nevada.edu)

**4 WAYS TO MANAGE YOUR HEALTH**

Understand Health Insurance | Use Healthcare Services  
Eat Cultural & Healthy Food | Exercise

**Pick and choose your topics of interest**  
**\*Snacks and chance to win \$30 card\***

<u>INTL Post Doctorate &amp; Visiting Scholars (J1, H1B)</u>	<u>INTL Faculty &amp; Staff (H1B, others)</u>
3/18   10AM   SU 208C	<b>Topic: Health Insurance</b> SU 208C   10 AM   3/25
3/19   10AM   SU 209	<b>Topic: Healthcare Services</b> SU 208C   10AM   3/26
3/20   10AM   SU 208C	<b>Topic: Physical Activities</b> SU 209   10AM   3/27
3/21   10AM   SU 207	<b>Topic: Cultural and Healthy Food</b> SU 208B   10AM   3/28

For any questions, feel free to contact Bo Park: [parkb10@unlv.nevada.edu](mailto:parkb10@unlv.nevada.edu)

**4 WAYS TO MANAGE YOUR HEALTH**

Understand Health Insurance | Use Healthcare Services  
Eat Cultural & Healthy Food | Exercise

**Pick and choose your topics of interest (1 hr per topic)**  
**\*Snacks and chance to win \$30 card\***

International Undergraduates & Graduates (F1, J1)  
**Individual or Group sessions are available upon request.**  
 Please contact [parkb10@unlv.nevada.edu](mailto:parkb10@unlv.nevada.edu) to schedule appointment.

**Topic 1 : Understand Health Insurance**  
**Topic 2 : Use Healthcare Services**  
**Topic 3 : Ways to Get Physical Activities**  
**Topic 4 : Ways to Eat Cultural and Healthy Food**



## Appendix B

### Demographic Questionnaire



#### Health Management Educational Session Log-In

Participant Number \_\_\_\_\_ Date \_\_\_\_\_

Session Topic \_\_\_\_\_

Home Country \_\_\_\_\_

Age \_\_\_\_\_

Status in University (select from following):

- |   |  |
|---|--|
| <input type="checkbox"/> Undergraduate student  | <input type="checkbox"/> Faculty       |
| <input type="checkbox"/> Graduate student       | <input type="checkbox"/> Staff         |
| <input type="checkbox"/> Post Doctoral scholars | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Visiting scholars      |  |

Immigration status (select from following):

- |                               |  |
|-------------------------------|--|
| <input type="checkbox"/> F-1  | <input type="checkbox"/> O-1           |
| <input type="checkbox"/> J-1  | <input type="checkbox"/> TN            |
| <input type="checkbox"/> H-1B | <input type="checkbox"/> Others: _____ |

## Appendix C

### Feedback Questionnaire for Health Insurance Module



#### Health Management Educational Session Feedback Questionnaire

Participant Number \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Please read the question below and circle the answer that applies to you in the answer box.

**Health Insurance**

Question	Answer
1. I have better understanding of the U.S. health insurance terminology.	Yes No
2. I have better understanding of my insurance plan and what it covers.	Yes No
3. I am better prepared to identify a billing error.	Yes No
4. I am better prepared to handle a billing error.	Yes No
5. I have more confidence in my ability to use my health insurance.	Yes No
6. The contents/material are relevant to the topic. Please rate.	Low 1 2 3 4 5 High
7. The content is applicable to you. Please rate.	Low 1 2 3 4 5 High
8. The session/content increased your knowledge on this topic. Please rate.	Low 1 2 3 4 5 High
9. The session/content increased your confidence in using the U.S. health insurance. Please rate.	Low 1 2 3 4 5 High
10. The session/content increased your confidence to engage in the health management overall. Please rate.	Low 1 2 3 4 5 High
11. The content was easy to understandable. Please rate.	Low 1 2 3 4 5 High
12. The information was well delivered. Please rate.	Low 1 2 3 4 5 High
13. The text and illustrations were readable. Please rate.	Low 1 2 3 4 5 High

**Directions:** Please read the questions below and answer in few words or sentences on the line under each question. You may use the back side of the paper if needed.

1. Is there any other topic that you wished the educational session addressed?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What did you like about the educational session?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What parts, if any, did you find difficult to understand?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Please provide any other relevant information, feedback, or critiques:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Appendix D

### Feedback Questionnaire for Healthcare Services Module



#### Health Management Educational Session Feedback Questionnaire

Participant Number \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Please read the question below and circle the answer that applies to you in the answer box.

**Healthcare Services**

Question	Answer	
1. I have better understanding of different types of U.S. healthcare services	Yes	No
2. I have better understanding of which healthcare services to choose in certain situations.	Yes	No
3. I have better understanding of the difference between urgency and emergency.	Yes	No
4. I have better understanding of what to do when I use the healthcare services.	Yes	No
5. I have better confidence to use U.S. healthcare services.	Yes	No
6. The contents/material are relevant to the topic. Please rate.	Low	High
7. The content is applicable to me. Please rate.	Low	High
8. The session/content increased my knowledge on this topic. Please rate.	Low	High
9. The session/content increased my confidence in engaging in using the U.S. healthcare services. Please rate.	Low	High
10. The session/content increased my confidence in engaging in health management overall. Please rate.	Low	High
11. The use of words in the content was understandable. Please rate.	Low	High
12. The information was taught well/well delivered. Please rate.	Low	High
13. The text and illustrations were readable. Please rate.	Low	High

**Directions:** Please read the question below and answer in few words or sentences on the line under each question. You may use the back side of the paper if needed.

1. Is there any other topic that you wished the educational session addressed?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What did you like about the educational session?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What parts, if any, did you find difficult to understand?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Please provide any other relevant information, feedback, or critiques:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Appendix E

### Feedback Questionnaire for Physical Activities Module



#### Health Management Educational Session Feedback Questionnaire

Participant Number \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Please read the question below and circle the answer that applies to you in the answer box.

#### Physical Activity

Question	Answer
1. I have better understanding of the CDC and WHO recommendation on Exercise	Yes No
2. I have better understanding of the benefits of physical activity	Yes No
3. I have better understanding of the ways to overcome the barriers to exercise	Yes No
4. I have better understanding of the ways to make friends using physical activities	Yes No
5. I have more confidence to engage in physical activities or to exercise.	Yes No
6. The contents/material are relevant to the topic. Please rate.	Low 1 2 3 4 5 High
7. The content is applicable to me. Please rate.	Low 1 2 3 4 5 High
8. The session/content increased my knowledge on this topic. Please rate.	Low 1 2 3 4 5 High
9. The session/content increased my confidence to engage in physical activities or to exercise. Please rate.	Low 1 2 3 4 5 High
10. The session/content increased my confidence to engage in the health management overall. Please rate.	Low 1 2 3 4 5 High
11. The use of words in the content was understandable. Please rate.	Low 1 2 3 4 5 High
12. The information was taught well/well delivered. Please rate.	Low 1 2 3 4 5 High
13. The text and illustrations were readable. Please rate.	Low 1 2 3 4 5 High

**Directions:** Please read the question below and answer in few words or sentences on the line under each question. You may use the back side of the paper if needed.

1. Is there any other topic that you wished the educational session addressed?

---

---

2. What did you like about the educational session?

---

---

3. What parts, if any, did you find difficult to understand?

---

---

4. Please provide any other relevant information, feedback, or critiques:

---

---

## Appendix F

### Feedback Questionnaire for Healthy and Cultural Food Module



#### Health Management Educational Session Feedback Questionnaire

Participant Number \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Please read the question below and circle the answer that applies to you in the answer box.

#### Healthy and Cultural Food

Question	Answer
1. I have better understanding of the CDC and WHO recommendations on healthy diet.	Yes No
2. I have better understanding of the benefits of having healthy and cultural food/diet.	Yes No
3. I have better understanding of the ways to overcome the barriers to having healthy and cultural food/diet.	Yes No
4. I have more confidence to have healthy and cultural food/diet.	Yes No
5. The contents/material are relevant to the topic. Please rate.	Low 1 2 3 4 5 High
6. The content is applicable to me. Please rate.	Low 1 2 3 4 5 High
7. The session/content increased my knowledge on this topic. Please rate.	Low 1 2 3 4 5 High
8. The session/content increased my confidence to have healthy and cultural food/diet. Please rate.	Low 1 2 3 4 5 High
9. The session/content increased my confidence to engage in the health management overall. Please rate.	Low 1 2 3 4 5 High
10. The use of words in the content was understandable. Please rate.	Low 1 2 3 4 5 High
11. The information was taught well/well delivered. Please rate.	Low 1 2 3 4 5 High
12. The text and illustrations were readable. Please rate.	Low 1 2 3 4 5 High

**Directions:** Please read the question below and answer in few words or sentences on the line under each question. You may use the back side of the paper if needed.

1. Is there any other topic that you wished the educational session addressed?

---

---

2. What did you like about the educational session?

---

---

3. What parts, if any, did you find difficult to understand?

---

---

4. Please provide any other relevant information, feedback, or critiques:

---

---

**Appendix G**

**PowerPoint Presentation for Health Insurance Module**

**Understanding  
U.S. Health Insurance**

**UNIV** INTERNATIONAL STUDENTS & SCHOLARS Created Spring 2024 by: Bo Park OTD/S

**What Will Happen Today?**

<p><b>01</b>    <b>What is Health Management?</b></p> <p><b>02</b>    <b>Why Health Insurance Important?</b></p> <p><b>03</b>    <b>What is Health Insurance?</b></p>	<p><b>04</b>    <b>How does Health Insurance Work?</b></p> <p><b>05</b>    <b>Health Insurance available for you</b></p> <p><b>06</b>    <b>Three Important Things to Know about Health Insurance</b></p>
---	---

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# What is Health Management?

- “Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations”
- Using health insurance, using healthcare system, physical activity, healthy diet

(American Occupational Therapy Association, 2020)

# How was Your Experience with U.S. Health Insurance?

- How many of you have ever used the U.S. health insurance before?
- How many of your were confused when using it?
- What about the health insurance were you confused about?

# Why Know This Information?

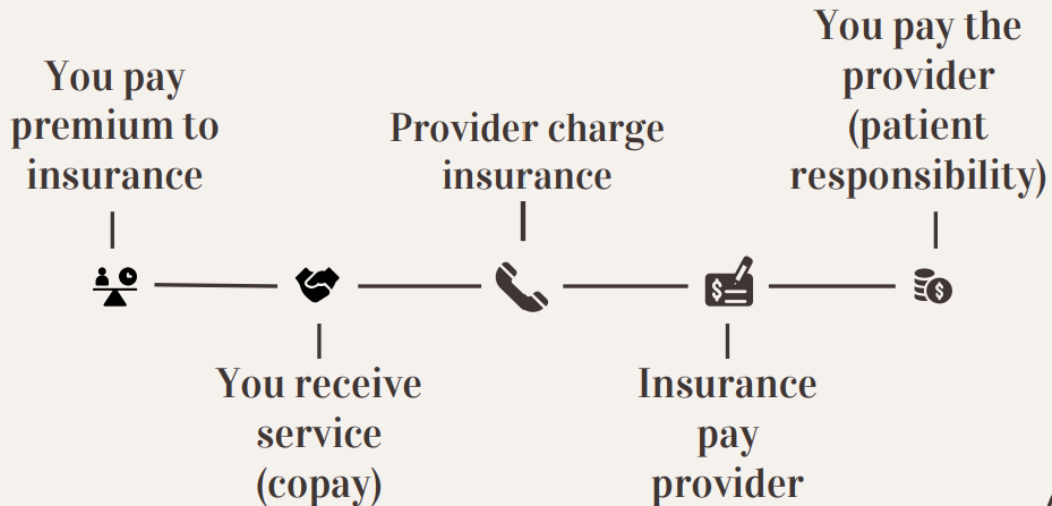
- U.S. health insurance is unique (Rice et al., 2014; Zieff et al., 2020)
- Be able to use your insurance with confidence
- Manage your health by using health insurance
- Save money
  - Know how to locate and resolve errors
  - International students are not eligible for state assistance

# What is Health Insurance (HI)?

- “A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium” (Centers for Medicare & Medicaid Services, n.d.)
- Universal Health Insurance vs. Market based Insurance (Rice et al., 2014; Zieff et al., 2020)



# How Does It work?



# What HI is Available in UNLV?

## Aetna Student Health PPO

**F-1 students**  
**J-1 full-degree students**  
**J-1 non-degree students**

- Automatically enrolled
- Paid through student account
- Can waiver
- Pay per Semester

-----  
**J-1 student interns**

- Need to enroll individually
- Paid through Credit Card
- Pay Weekly

\*\*\*[isoa.org](http://isoa.org)

# What HI is Available?

## Aetna Student Health PPO – Scholar plan

- Need to enroll individually
- Paid through Credit Card
- Weekly payment
- Fulfill gov. requirement

## International Student Health Insurance (ISO)

- isoa.org
- Need to enroll individually
- Monthly payment
- May fulfill gov requirement

## Outside Insurance

- Many options
- Need to enroll individually
- Usually monthly payment
- May not fulfill gov requirement

# What HI is Available?



(Nevada Public Employees' Benefits Program, 2023)

# To enroll... Aetna PPO Academic Health Plan

<https://UNLV.myahpcare.com/>

→ select International students tab

2023-2024

## University of Nevada, Las Vegas

Welcome to My AHP Care! Your one stop to find information about the insurance your school provides.

**Graduate & Professional, International & Nursing Students**

School of Medicine, School of Dental Medicine-Ortho & School of Dental Medicine Students

Scholar Students

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 <b>Benefits</b> Click Here for plan details	 <b>Enroll/Cost</b> Click Here for plan costs and to enroll in the plan	 <b>Opt-Out</b> Click Here to opt-out of the plan	 <b>Find a Provider</b> Click Here to find a provider
 <b>Additional Resources</b> Click Here to access account information, ID card and COVID-19 resources	 <b>Claims</b> Click Here to submit a claim	 <b>Contact Information</b> Click Here for contact information	 <b>2022-2023 Plan Year</b> Click Here for 2022-2023 plan year information

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**Mandatory (Full-Time) Students - Please do not enroll online as UNLV will charge your student account for the insurance premium.**

## Online Enrollment Periods

### Graduate & International Students

Spring/Summer - 11/13/2023 – 02/09/2024

### Nursing Students

Spring - 11/13/2023 – 02/09/2024

Summer – 03/15/24 – 05/18/2024

## Online Enrollment

[Online Enrollment Guide](#)

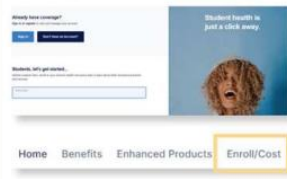
Voluntary Graduate & Professional Students +

Full Time Student - Dependent Enrollment +

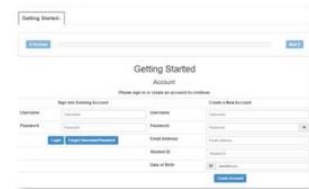
UNLV INTERNATIONAL STUDENTS & SCHOLARS

# Online Enrollment Student Experience Guide

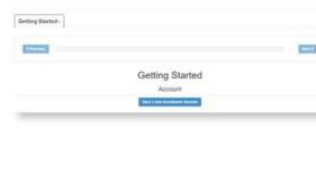
- 1** Find your school site at [myahpcare.com](http://myahpcare.com). Go to the **Enroll/Cost** page and click on the appropriate enrollment link.



- 2** If you have previously enrolled online, please sign into your account. Otherwise, you will need to **Create a New Account**.



- 3** From the **Getting Started** page, click **Start a New Enrollment Session**.



- 4** Review the **Terms and Conditions**, then click the box to check **"I understand and agree to the above conditions"** and then **"Next"**.



- 5** Select your **Campus/Program** or proper coverage option.



- 6** Select your **Student** or **Plan Type** and enter the number of credit hours you are taking. If you are enrolling in a coverage that spans multiple semesters, enter the number of credit hours you are taking in the first semester of the coverage you are choosing.



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# To enroll... Aetna PPO Scholar Health Insurance Plan

<https://UNLV.myahpcare.com/>

→ select Scholar student tab

2023-2024

## University of Nevada, Las Vegas

Welcome to My AHP Care! Your one stop to find information about the insurance your school provides.

Graduate & Professional, International & Nursing Students

School of Medicine, School of Dental Medicine-Ortho & School of Dental Medicine Students

**Scholar Students**

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Benefits  
Click Here for plan details

**Enroll/Cost**  
Click Here for plan costs and to enroll in the plan

Find a Provider  
Click Here to find a provider

Additional Resources  
Click Here to access account information, ID card and COVID-19 resources

Claims  
Click Here to submit a claim

Contact Information  
Click Here for contact information

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# Enroll/Cost



Expand All

Am I Eligible to Enroll in the Scholar Health Insurance Plan? +

Online Enrollment Periods

Weekly Rate (7 Calendar Days) - 08/16/2023 - 08/15/2024

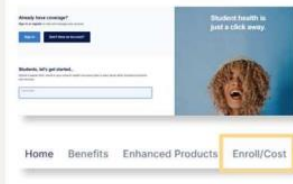
Online Enrollment

[Online Enrollment Guide](#)

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## Online Enrollment Student Experience Guide

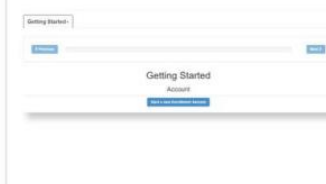
**1** Find your school site at [myahpcare.com](http://myahpcare.com). Go to the Enroll/Cost page and click on the appropriate enrollment link.



**2** If you have previously enrolled online, please sign into your account. Otherwise, you will need to [Create a New Account](#).



**3** From the Getting Started page, click [Start a New Enrollment Session](#).



**4** Review the Terms and Conditions, then click the box to check "I understand and agree to the above conditions" and then "Next".



**5** Select your Campus/Program or proper coverage option.



**6** Select your Student or Plan Type and enter the number of credit hours you are taking. If you are enrolling in a coverage that spans multiple semesters, enter the number of credit hours you are taking in the first semester of the coverage you are choosing.



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# To enroll...

Under the guideline #8, you will see where to add dependent during YOUR enrollment.

26 is the magic number!

## Dependent

**8** You will see the [Pricing Details](#) for your plan. If your school allows for dependent coverage and you want to enroll a dependent, you must enroll them now by clicking [Add Dependent](#). If specific documentation is required, it will be listed on this screen.

# To enroll...

Date of Hire	Coverage Effective	Enrollment Must be Completed By	Supporting Documents are Required By (if any)	Default Coverage will be Processed by PEBP
January 1 <sup>st</sup>	January 1 <sup>st</sup>	January 31 <sup>st</sup>	January 31 <sup>st</sup>	February 1 <sup>st</sup> retroactive back to January 1 <sup>st</sup>
January 14 <sup>th</sup>	February 1 <sup>st</sup>	February 28 <sup>th</sup>	February 28 <sup>th</sup>	March 1 <sup>st</sup> retroactive back to February 1 <sup>st</sup>

- You have a month to choose your plan
- If you don't choose it in time, you'll get automatically enrolled for the CDHP plan
- Next chance to change your plan will occur in May (once a year)

(Nevada Public Employees' Benefits Program, 2023)

# To enroll...

	J-1	All other than J-1
CDHP	May apply, but need additional insurance to cover government requirements (i.e. isoa.org)	High Deductible
LD		Low Deductible
EPO		Northern Nevada
HMO		Southern Nevada (Clark, Esmeralda, Nye counties)

To be able to choose, you need to understand how the insurance work

# HI Vocabulary

- **Copay:** set dollar amount for you to pay for every visit
- **Coinsurance:** portion (%) of allowed amount for you to pay for every services
- **Deductible:** yearly (07/01) amount that needs to be paid before the insurance covers
- **Out-of-pocket:** yearly maximum amount of payment that comes out of your pocket (coinsurance + deductible + copay)
- **Balance billing:** if you use providers or healthcare services outside of your network, the provider might charge you the difference that insurance does not cover
- **Premium:** monthly payment to keep insurance active
- **Allowed amount:** contracted rate between the insurance and the provider per service



# HI Vocabulary

- **Eligibility:** what qualifies the person to be enroll for the insurance
- **Benefits:** services that are covered by the insurance plan
- **In-network:** Providers who are contracted with the insurance company
- **Out-of-network:** Providers who are not contracted with the insurance company
- **Pre-authorization/pre-approval/precertification:** an approval from insurance company for high dollar claims that insurance need to pre-approve (ex. CT with contrast (15000)) to make sure it's required so that it could be covered by insurance
- **Billing/claim:** detailed bill to request for payment – provider to insurance to patients
- **Explanation of benefits:** explanation of the payment process - “receipt”
- **Appeal:** a request for insurance company to reconsider covering/paying a claim

## Difference Between Plans

	CDHP	LD	EPO	HMO
Premium	Low	Medium	High	High
Deductible	High	None	Low	None
Co pay/ Co-Insurance	No Co pay 20% Co-ins	High Co-pay 20% Co-ins	Low Co-pay 20% Co-ins	Low Co-pay No Co-ins
Out-of-Pocket	High	Medium-Low	Medium	Medium

# Difference Between Plans

## MEDICAL BENEFITS OVERVIEW (IN-NETWORK)

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
<b>Service Areas</b> In-Network	Global	Global	Northern Nevada	Southern Nevada
<b>Annual Deductible</b> <i>(medical and prescription combined)</i>	\$1,500 Individual \$3,000 Family / \$2,800 Individual Family Member	\$0	\$100 Individual \$200 Family / \$100 Individual Family Member	N/A with exception of Tier 4 prescription drug coverage (see prescription overview)
<b>Out-of-Pocket Maximum</b>	\$4,000 Individual \$8,000 Family / \$6,850 Individual Family Member	\$4,000 Individual \$8,000 Family / \$4,000 Individual Family Member	\$5,000 Individual \$10,000 Family / \$5,000 Individual Family Member	\$5,000 Individual \$10,000 Family / 5,000 Individual Family Member
<b>HSA/HRA PEBP Contribution</b> <i>(Prorated after 7/1)</i>	Up to \$1,400	Up to \$800	Up to \$800	Up to \$800
<b>Medical Coinsurance</b>	20% after Deductible	20% after Deductible	20% after Deductible	N/A
<b>Primary Care Office Visit</b>	20% after Deductible	\$30 Copay	\$20 Copay	\$25 Copay
<b>Specialist Visit</b> <i>(No Referral Required)</i>	20% after Deductible	\$50 Copay	\$40 Copay	\$25 Copay with a referral \$40 Copay without a referral
<b>Urgent Care Visit</b>	20% after Deductible	\$80 Copay	\$50 Copay	\$50 Copay
<b>ER Visit</b>	20% after Deductible	\$750 Copay	\$600 Copay	\$600 Copay

# The most important part of HI



## Insurance Card

Has basic information of your plan



## Eligibility & Benefits

Has detailed information of your plan



## Explanation of Benefit

Has payment information after the insurance is used

# It looks like...



## Insurance Card

Has basic information of your plan

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**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company

Member: NAME  
Member ID: 000000000-00 Group Number: 00000000000

Benefit Code: Medical 00000000 Rx 00000000 Vision 00000000

Payer ID: OPTUMRx

Copay: Office / Spec \$0/\$0 Effective Date: 01/01/2021 Rx BIN: 000000 Rx GRP: GRP Name Rx PCN: 0000

Tier 1: OptumRx \$0000/\$0000 Underwritten by Health Plan of Nevada, Inc.

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 00/00/0000

Card does not guarantee coverage. Obtain prior authorization or verify benefits at HealthPlanofNevada.com or call Member Services.

Member Services:  
24/7 Advice Nurse: 1-800-777-1840  
Mental Health: 1-800-288-2262  
24 Hour Virtual Visits: 1-800-873-2246 Download the NowClinic® app

For Providers: HealthPlanofNevada.com 1-800-777-1840  
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

Prior Authorization or Emergency Services Only Outside Nevada

Pharmacy Claims: OptumRx, PO Box 650540, Dallas, TX 75265-0540  
For Pharmacists: 1-800-443-8197

# It looks like...



## Elibility & Benefits

Has detailed information of your plan

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Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services Coverage Period: 07/01/2023-08/31/2024

**aetna** UNIVERSITY OF NEVADA, LAS VEGAS Open Choice® Coverage for: Individual + Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://www.aetna.com/healthcare> or by calling 1-877-480-4161. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-877-480-4161 to request a copy.

Important Questions	Answers	Why This Matters:	
		In-Network	Out-of-Network
What is the overall deductible?	For each Plan Year, In-Network: Individual \$250 / Family \$0. Out-of-Network: Individual \$500 / Family \$0.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.	
Are there services covered before you meet your deductible?	Yes. Prescription drugs is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .	
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.	
What is the out-of-pocket limit for this plan?	In-Network: Individual \$8,500 / Family \$17,100. Out-of-Network: Individual \$17,100 / Family \$34,200.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.	
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to	Even though you pay these expenses, they don't count toward the out-of-pocket limit.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance after \$25 copay/visit	50% coinsurance after \$25 copay/visit	None
	Specialist visit	20% coinsurance after \$25 copay/visit	50% coinsurance after \$25 copay/visit	None
	Preventive care (screening/immunization)	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	None
If you need drugs to treat your illness or condition	Generic drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in-network.
	Preferred brand drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
	Non-preferred brand drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
	Specialty drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	

More information about prescription drug coverage is available at [www.aetna.com/advancecdonr/plan](https://www.aetna.com/advancecdonr/plan)

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# It looks like..



## Explanation of Benefit

Has payment information after the insurance is used

P.O. BOX 99999  
HARTFORD, CT 06115-0431  
USA

### EXPLANATION OF BENEFITS

Please Retain for Future Reference  
Ellen Smith MD PIN: 000111111  
Page 1 of 1

**2** ELLEN SMITH, MD  
1000 MIDDLE STREET  
MIDDLETOWN CT 06457

**3** Patient Account: 652987412354    **4** Patient ID # 8888888888

**5** Member ID: W101010101

**6** Notes: The benefits listed below reflect your portion of this payment.  
For Participating Physicians and Facilities Only - If your practice has a change of address and/or telephone number please contact Aetna online at: <https://www.aetna.com/providershealthoffice/>

**7** Patient Name: JOHN DOE

**8** Reason: Self    **9** Member: John Doe    **10** Aetna Life Insurance Company

**11** Drug: 7994    **12** Group Name: ABC Company    **13** Group Number: 60379-15-001 AB DANR7D

**14** APC/DRC:    **15** Claim ID: EKPS125L00    **16** Date: 01/15/05    **17** Product: PPO Medical    **18** Network ID: 001    **19** SSNEW HAMPSHIRE

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PACENT RESP	PAIABLE AMOUNT
01/08/05	11	99213-00	1	110.00	90.00	20.00				7.00	27.00	83.00
01/08/05	11	99211-00	1	140.00	96.87					9.87	9.87	87.00
01/08/05	11	85541-00	1	110.00	90.00		90.00	1				90.00
<b>21</b> TOTALS				360.00	276.67	20.00	90.00			16.67	126.67	150.00

**22** ISSUED AMT: \$150.00

**23** Remarks: 1 - We have paid the maximum allowed by your plan of benefits for this service. The balance is the member's responsibility.

**24** For Questions Regarding This Claim:  
P.O. Box 2250, Anytown, USA 12345-4789  
CALL 1-800-777-7777 FOR ASSISTANCE

**25** Total Patient Responsibility: \$126.67  
**26** Claim Payment: \$150.00

**27** Note: All Inquiries should reference the ID number above for prompt response.

**28** TOTAL PAYMENT TO ELLEN SMITH, MD: \$150.00

# Let's Look More Closely

**1** HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

Member: NAME  
Member ID: 000000000-00    Group Number: 00000000000

Benefit Code:  
Medical: 00000000    Payer ID:  
Rx: 00000000  
Vision: 00000000

**2** Copay: Office / Spec \$0/\$0    Effective Date: 01/01/2021

**3** Tier 1: Ded IND/FAM \$0000/\$0000    COPM IND/FAM \$0000/\$0000

**4** DCI-9601    Underwritten by Health Plan of Nevada, Inc.

**PLAN TYPE**

**OPTUMRx**

Rx BIN: 000000  
Rx GRP: GRP Name  
Rx PCN: 0000

**5**

# Let's Look More Closely

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 00/00/0000

Card does not guarantee coverage. Obtain prior authorization or verify benefits at [HealthPlanofNevada.com](http://HealthPlanofNevada.com) or call Member Services.

Member Services:  
 24/7 Advice Nurse: 1-800-777-1840  
 Mental Health: 1-800-288-2264  
 24 Hour Virtual Visits: 1-800-873-2246

Download the NowClinic® app

For Providers: [HealthPlanofNevada.com](http://HealthPlanofNevada.com) 1-800-777-1840  
 Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

Prior Authorization or Emergency Services Only Outside Nevada

Pharmacy Claims: OptumRx, PO Box 650540, Dallas, TX 75265-0540  
 For Pharmacists: 1-800-443-8197

Callouts:  
 6: Points to the top header area.  
 7: Points to the Member Services phone numbers.  
 8: Points to the Prior Authorization or Emergency Services box.

# Let's Look More Closely

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Plan Year, In-Network: Individual \$250 / Family \$0. Out-of-Network: Individual \$500 / Family \$0.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Prescription drugs is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$8,550 / Family \$17,100. Out-of-Network: Individual \$17,100 / Family \$34,200.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a> or call 1-877-480-4161 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

# Let's Look More Closely

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance after \$25 copay/visit	50% coinsurance after \$25 copay/visit	None
	Specialist visit	20% coinsurance after \$25 copay/visit	50% coinsurance after \$25 copay/visit	None
	Preventive care /screening /immunization	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	20% coinsurance 20% coinsurance	50% coinsurance 50% coinsurance	None None
If you need drugs to treat your illness or condition  More information about prescription drug coverage is available at <a href="http://www.aetnapharmacy.com/advancedcontr olaetna">www.aetnapharmacy.com/advancedcontr olaetna</a>	Generic drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in-network.
	Preferred brand drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
	Non-preferred brand drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
	Specialty drugs	30% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None

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# Let's Look More Closely

**7 Patient Name: JOHN DOE**

8 Patient Account: 659967412554 8 Patient ID # 8888888888 9

10 Member ID: W101010101

11 Relation: Self 12 Member: John Doe 13 AETNA LIFE INSURANCE COMPANY  
 14 Group Number: 660379-10-001 AB DAMG7D  
 15 Diag: 7964 16 Group Name: ABC Company 17 Product: PPO Medical  
 18 APC/DRG: 19 Claim ID: EKSPST25L00 Recd: 01/15/05 20 Network ID: 0012 21 MASS/NEW HAMPSHIRE

SERVICE DATES	PL	SERVICE CODE	NUM SYCS	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/08/05	11	99213-00	1	110.00	90.00	20.00				7.00	27.00	63.00
01/08/05	11	86021-00	1	140.00	96.67					9.67	9.67	87.00
01/08/05	11	82541-00	1	110.00	90.00		90.00	1			90.00	
<b>TOTALS</b>				360.00	276.67	20.00	90.00			16.67	126.67	150.00

34

35 **ISSUED AMT: \$150.00**

36 **Remarks:**  
 1 - We have paid the maximum allowed by your plan of benefits for this service. The balance is the member's responsibility.

37 For Questions Regarding This Claim:  
 P.O. Box 2250, Anytown, USA 12345-6789  
**CALL 1-800-777-7777 FOR ASSISTANCE**  
 Note: All Inquiries should reference the ID number above for prompt response.

38 Total Patient Responsibility: \$126.67

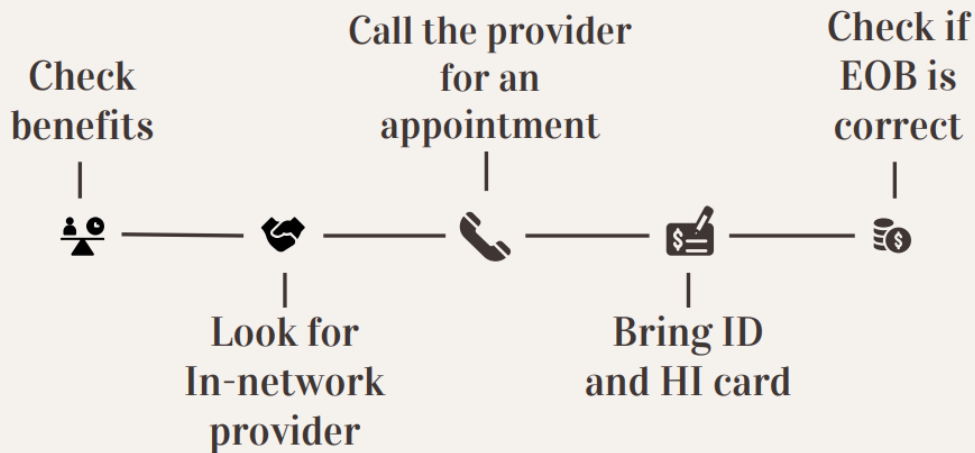
39 Claim Payment: \$150.00

40

41 **TOTAL PAYMENT TO ELLEN SMITH, MD: \$150.00**

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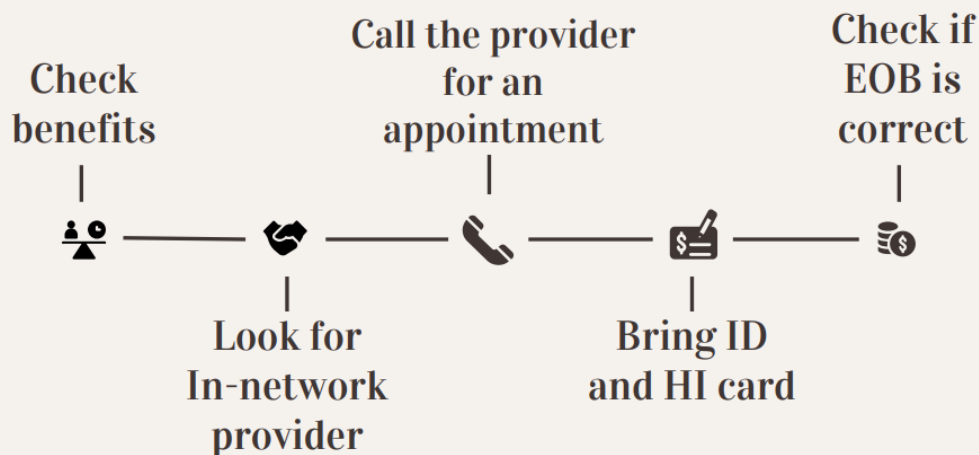
# When Using Your HI



# When Using Your HI

	In-Network	Out-of-Network
Service within Benefit	Max Coverage	Moderate Coverage Max Coverage w/ <b>auth</b>
Service not in Benefit	No Coverage	No Coverage

# When Using Your HI



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## Let's Try!

John is a healthcare major student and had a annual physical exam on 3/10/2022 last year for his program requirement. This year, due to the limited doctor's appointment availability, he had his annual physical exam on 3/09/2023. He got billed with explanation "not a covered services". Is this correct? Why or why not?

Eligible health services	In-network coverage	Out-of-network coverage
<b>Routine physical exams</b>		
Routine physical exam	100% (of the negotiated charge) per visit  No copayment or policy year deductible applies	50% (of the recognized charge) per visit
Routine physical exam limits for covered persons through age 21: maximum age and visit limits per policy year	Subject to any age and visit limits provided for in the comprehensive guidelines supported by the American Academy of Pediatrics/Bright Futures//Health Resources and Services Administration guidelines for children and adolescents.	
Routine physical exam limits for covered persons age 22 and over: maximum visits per policy year	1 visit	



# Let's Try!

Mr. Sprite visited a specialist for a treatment with an PPO insurance (high premium, \$0 deductible, \$0 coinsurance). When he received an EOB, something seemed wrong. What's wrong, how much should he pay, and how should he fix this?

**Service Center**  
Address  
City, State, ZIP Code  
Phone: 1-888-888-8888

**Claim Detail for John Sprite**  
Provider: Martin Coke

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts	Allowed Amount	Your Plan Paid	Your Itemized Responsibility to Provider**				Amount You Owe
							Deductible	Copay	Coinsurance	Non-Covered	
7/12/1	Office Visits	D1	\$104.00	\$32.23	\$71.77	\$0.00	\$71.77	\$0.00	\$0.00	\$0.00	\$71.77
<b>Claim Total:</b>			<b>\$104.00</b>	<b>\$32.23</b>	<b>\$71.77</b>	<b>\$0.00</b>	<b>\$71.77</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$71.77</b>

\*\*This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.

**Notes\***  
D1 - The discount shown is your savings. Your network physician or health care provider has agreed to the plan discount. The amount you owe may include what you need to pay if you have reached a benefit limit on covered health services. If you need more information about your benefits, please go to your member website or plan documents.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call 1-866-633-2474. You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

MEDICAL CLAIMS ONLY  
A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 9999, Salt Lake City, UT 84199. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.  
You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Use this EOB statement as a reference or retain as needed.

Date

Have more questions about your claim?  
Visit (name of member website)  
for all your claim and benefit information.

Patient Account Number: 3201858-11

**UnitedHealthcare**  
Health Plan  
Member ID: 123456789-00      Group Number: 1234  
Member: John Sprite  
PCP: Dr. Smith Lemon  
PCP Phone: (702) 123-4567

Payer ID:

**OPTUMRx**  
Rx Bin:  
Rx PCN:  
RX Grp:

Copays:  
Office: \$0      ER: \$250      Tier 1 OV:  
UrgCare: \$150      Spec: \$10      Tier 1 SpecOV:

Referrals  
UnitedHealthcare Nexus  
Underwritten by (Appropriate L)

DOI-0508

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# If you have question ...

- About your HI enrollment or waiver:
  - Ellen Bolt:**
    - [ellen.bolt@unlv.edu](mailto:ellen.bolt@unlv.edu)
    - [Insurancewaiver.grads@unlv.edu](mailto:Insurancewaiver.grads@unlv.edu)
  - Aetna Student Health:**
    - AHP# : 855-850-4192
- About the insurance plan, eligibility and benefits, billing issues: Contact insurance company **member services**

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 00,000,0000

Card does not guarantee coverage. Obtain prior authorization or verify benefits at [HealthPlanofNevada.com](http://HealthPlanofNevada.com) or call Member Services.

Member Services: 1-800-777-1840  
24/7 Advice Nurse: 1-800-288-2269  
Mental Health: 1-800-873-2246  
24 Hour Virtual Visits: Download the NowClinic® app

For Providers: [HealthPlanofNevada.com](http://HealthPlanofNevada.com) 1-800-777-1840  
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

Prior Authorization or Emergency Services: Only Outside Nevada  
Pharmacy Claims: OptumRx, PO Box 850540, Dallas, TX 75265-0540  
For Pharmacists: 1-800-443-8197

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# If you have question ...

- About your school insurance enrollment or waiver:

## Ellen Bolt:

- [ellen.bolt@unlv.edu](mailto:ellen.bolt@unlv.edu)
- [Insurancewaiver.grads@unlv.edu](mailto:Insurancewaiver.grads@unlv.edu)

- For government requirements:

## ISSS:

- [oiss@unlv.edu](mailto:oiss@unlv.edu)
- phone#: 702-774-6477

- About the insurance plan, eligibility and benefits, billing issues: Contact insurance company **member services**



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# If you have question ...

- You can contact::

## HR:

- [hrbenefits@unlv.edu](mailto:hrbenefits@unlv.edu)

## PEBP: (ins plan, HSA/HRA, changed info)

- E-PEBP portal message
- Phone: 775-684-7000

- About the eligibility, benefits, and billing issues: Contact insurance company **member services (UMR or HPN)**



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## References

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Centers for Medicare & Medicaid Services. (n.d.). *Glossary of health coverage and medical terms*. <https://www.cms.gov/files/document/uniform-glossary-english-060723.pdf>
- Nevada Public Employees' Benefits Program. (2023). *Getting to know your plan*. <https://pebp.nv.gov/Plans/getting-to-know-your-plan/>
- Rice, T., Unruh, L. Y., Rosenau, P., Barnes, A. J., Saltman, R. B., & van Ginneken, E. (2014). Challenges facing the United States of America in implementing universal coverage. *Bulletin of the World Health Organization*, 92(12), 894. <https://doi.org/10.2471/BLT.14.141762>
- Zieff, G., Kerr, Z. Y., Moore, J. B., & Stoner, L. (2020). Universal Healthcare in the United States of America: A Healthy Debate. *Medicina (Kaunas, Lithuania)*, 56(11), 580. <https://doi.org/10.3390/medicina56110580>

## Survey

- Please be as honest as possible.
- It will stay anonymous.
- It will be used to upgrade this session to better assist you in the future.

# Raffle Time!

\$30 Prepaid Visa Card



# Thank you!

Do you have any questions?

Appendix H

PowerPoint Presentation for Healthcare Services Module

Understanding  
Healthcare  
Services

UNLV INTERNATIONAL STUDENTS & SCHOLARS

Created Spring 2024 by: Bo Park, OTD/S

What Will Happen Today?

01 What is Health Management?

02 Why Healthcare System Important?

03 Different Types of U.S. Healthcare Services

04 What is Emergency?

05 Healthcare Services Around UNLV

06 When to Go and What to Bring

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# What is Health Management?

- “Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations”
- Using health insurance, using healthcare system, physical activity, healthy diet

(American Occupational Therapy Association. 2020)

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# How was Your Experience with U.S. Healthcare (HC) Services?

- How many of you have ever used the U.S. healthcare services before?
- How many of you were confused about how to use the healthcare services?
- What part of the healthcare services were you confused about?

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# Why Know This Information?

- U.S. healthcare services are unique (Rice et al., 2014; Zieff et al., 2020)
  - Universal healthcare vs Market-based healthcare
- Be able to use healthcare services with confidence
- Manage your health by using healthcare services
- Save money and time

# What HC Services are Available in U.S.?



## Doctor's office

Primary care physician,  
Specialist, Therapist



## Pharmacy

Medication, Immunization



## Laboratory

Blood draw, Specimen  
collection, more specific results



## Hospital

Specialist, Surgery,  
Admission



## Urgent care

Non-emergency, Longer  
hours, No appointment



## Emergency room

Emergency, 24/7,  
No appointment

# What HC Services are Available in U.S.?



Doctor's office ↓



Hospital →



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# What HC Services are Available in U.S.?



Doctor's office  
Primary care physician,  
Specialist, Therapist



Pharmacy  
Medication, Immunization



Laboratory  
Blood draw, Specimen  
collection, more specific results



Hospital  
Specialist, Surgery,  
Admission



Urgent care  
Non-emergency, Longer  
hours, No appointment



Emergency room  
Emergency, 24/7,  
No appointment

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# What HC Services are Available in U.S.?



Pharmacy  
Medication,  
Immunization



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# What HC Services are Available in U.S.?



Laboratory  
Blood draw, Specimen  
collection, diagnostic

**1** Patient Service Center location and appointment scheduling information is on the back. Each sample should be labeled with at least two patient identifiers at time of collection.

**2** ACCOUNT #

**3** NAME

**4** ADDRESS

**5** CITY

**6** STATE

**7** ZIP

**8** DATE COLLECTED

**9** TIME

**10** LABORATORY NAME

**11** ORDERING PHYSICIAN NAME

**12** ORDERING PHYSICIAN ADDRESS

**13** ORDERING PHYSICIAN CITY

**14** ORDERING PHYSICIAN STATE

**15** ORDERING PHYSICIAN ZIP

**16** REFERENCE # (IF APPLICABLE)

**17** REGISTRATION # (IF APPLICABLE)

**18** LABORATORY SECURITY #

**19** OFFICE PHONE #

**20** LAB NAME

**21** INFORMATION #

**22** ORDER TYPE

**23** STREET ADDRESS OR MAILING RESPONSIBLE PARTY

**24** CITY

**25** STATE

**26** ZIP

**27** RELATIONSHIP TO SUBJECT

**28** PRIMARY INSURANCE CO. NAME

**29** GROUP #

**30** MEDICATIONS

**31** ALLERGY

**32** PANEL COMPONENTS ON BACK

**33** COMMENTS, CLINICAL INFORMATION

**34** Affixed Label



# What HC Services are Available in U.S.?



**Doctor's office**  
Primary care physician,  
Specialist, Therapist



**Pharmacy**  
Medication, Immunization



**Laboratory**  
Blood draw, Specimen  
collection, more specific results



**Hospital**  
Specialist, Surgery,  
Admission



**Urgent care**  
Non-emergency, Longer  
hours, No appointment



**Emergency room**  
Emergency, 24/7,  
No appointment

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# Non-Emergency vs Emergency



## Urgent

Non-life threatening  
Stomach Pain  
Allergies  
Asthma  
Bone breaks  
Ear/eye infections  
Fever  
Minor burns/ wounds  
Skin rashes  
Vomiting/nausea



## Life Threatening

Severe injuries  
Shortness of breath  
Chest pain  
Uncontrolled Bleeding  
Seizures  
Stroke  
Head injuries  
Paralysis  
Severe headache  
Unconsciousness

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(Kaiser Permanente, 2023; King, 2020; Zipkin, 2023)

# What HC Services are Available in U.S.?

Less severe

More severe



## Doctor's office

Primary care physician,  
Specialist, Therapist



## Urgent care

Non-emergency, Longer  
hours, No appointment



## Emergency room

Emergency, 24/7,  
No appointment

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# What HC Services are Available in UNLV?

## **Student Health Center**



Medical services for students,  
immunization, primary and  
specialist

## **CAPS/UNLV Practice**



Counseling and Psychological  
services

## **Pharmacy**

Medicines



## **Laboratory**

Blood draws, COVID testing



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# What HC Services are Available in UNLV?

## Faculty and Staff Treatment (FAST) Center

Medical services for faculty and staff



## UNLV Practice

Counseling and Psychological services



## Pharmacy

Medicines



## Laboratory

Blood draws, COVID testing



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# What HC Services are Available in UNLV?

## Student Health Center

Medical services for students, immunization, primary and specialist



### Services Offered

- Primary care
- Dietitian services
- First aid
- Gynecologic care (including contraception evaluation, pap smears, and pregnancy testing)
- Immunizations / vaccinations
- Repair of minor lacerations
- Sports injuries
- Testing for sexually transmitted infections, including HIV testing
- Treatment of illnesses and injuries
- Tobacco cessation treatment and education
- Wellness exams, female and male
- Gender care

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# What HC Services are Available in UNLV?

**FAST Center**  
Medical services for faculties and staff - immunization, preventative, and treatment

## Medical Services

Services provided include the diagnosis and treatment of various illnesses and injuries such as:

- Cough, cold, and flu
- Sore throats and sinus infections
- Bronchitis and pneumonia
- Lacerations
- Allergies and asthma
- Sprains and strains
- Headaches and acute migraine
- Urinary tract infections
- Ear and eye infections
- Rashes and skin infections
- Heartburn and abdominal pain
- Lab tests (for patients 12 years and older) – Tests may be ordered from FAST health care providers or community providers.
- Pharmacy services – We fill prescriptions written by FAST health care providers and community providers.
- Sports Physicals
- GYN exams and Pap Smears
- O.M.T. (Osteopathic Manipulative Treatment). Please call 895-0630 for more information.
- Registered Dietitian (RD) Appointments: The dietitian is available to see current UNLV faculty, staff and their eligible dependents over age 18. Learn more about the Registered Dietitian.
- Immunizations/vaccinations (for patients 12 years and older)
  - MMR
  - Tetanus/Diphtheria/Pertussis
  - Hepatitis A
  - Hepatitis B
  - Hepatitis A/B
  - Meningitis (A,C,W,Y or B)
  - Influenza
  - HPV (Gardasil)
  - Pneumonia (Pneumar, Pneumovax)
  - Shingles (Shingrix)
  - Chickenpox (Varivax)

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# What HC Services are Available in UNLV?

## Appointments Available via the WellnessView Portal

- Medical office visits
- Registered Dietitian
- Morning appointments can be scheduled online starting at noon the day prior to the appointment.
- Afternoon appointments can be scheduled online from 8 a.m. the day of the appointment.

<https://www.unlv.edu/studentwellness/health-center#>

## Appointments Available by Phone Only

- All Telehealth/virtual appointments
- Laboratory: [702-895-0280](tel:702-895-0280)
- Care Management: [702-895-4146](tel:702-895-4146)
- Procedures and specialists, including Sports Medicine, Gynecological, and Osteopathic Manipulative Treatment: [702-895-3370](tel:702-895-3370)
- Mental health services/counseling services: contact [Student Counseling and Psychological Services](#)

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# What HC Services are Available in UNLV?

## SCHEDULE AN APPOINTMENT

Appointments are available in the FAST Center: [FAST Center Hours](#)

- For an appointment with a health care provider, [Make an Appointment Online](#) or call the FAST Center. You must check in online. Visit our [How to Check In page](#) to learn more.
- For lab/blood draw appointments (**ages 12 and older**), call the Laboratory.
- Same-day and future appointments may be scheduled (as available).
- No appointments or walk-ins available during lunch (1 p.m. – 2 p.m.).
- Hours of operation subject to change. Closed weekends and University holidays. Please refer to [UNLV Academic Calendar](#).

<https://unlv.medicatconnect.com/login.aspx>

## CONTACT

FAST Center/Appointments  
[702-895-0630](tel:702-895-0630)

Laboratory/Blood Draw Appointments  
[702-895-0280](tel:702-895-0280)

Pharmacy  
[702-895-0278](tel:702-895-0278)

Dental Clinic  
[702-774-7108](tel:702-774-7108)  
[Dental Clinic Information](#)

Medical Records  
[702-895-0680](tel:702-895-0680)

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# What HC Services are around UNLV?

## Urgent Care

[Concentra Health Services](#)  
0.7 miles 24/7  
5850 S. Polaris Rd. #100  
702-739-9957

[Healthcare Partners Medical Group](#)  
3.2 miles 24/7  
4880 S. Wynn Rd.  
702-871-5005

[Advanced Urgent Care](#)  
8.8 miles 8am-9pm; 9am-4pm  
9975 S. Eastern Ave. #110  
702-361-2273

## Emergency Room

[Desert Springs Hospital](#)  
2.4 miles  
2075 E. Flamingo Rd.  
702-733-8800

[Sunrise Hospital](#)  
2.9 miles  
3186 S. Maryland Pkwy.  
702-731-8000

[911](#)

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# Where to Go?

Depressed? Anxiety?

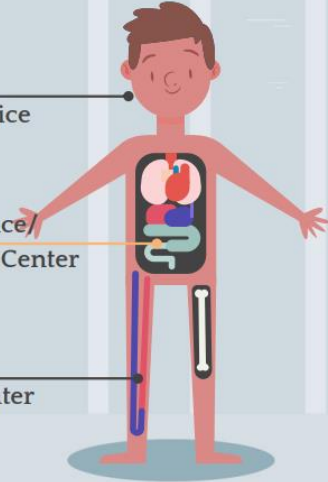
Psychiatrist/  
CAPS/UNLV Practice

Diabetes?

Doctor's office/  
Student Health Center

Ankle?

Urgent Care/  
Student Health Center



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# Where to Go?

Depressed? Anxiety?

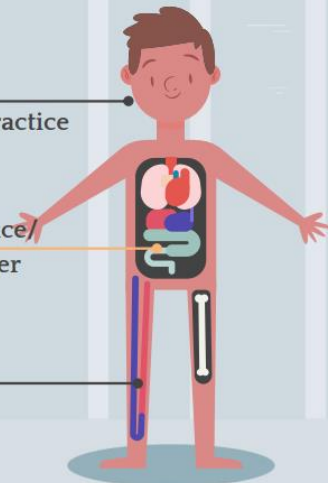
Psychiatrist/  
Psychologist/UNLV Practice

Diabetes?

Doctor's office/  
FAST Center

Ankle?

Urgent Care/  
FAST Center



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## What to Bring?



Pictured ID



Insurance Card



Family History



Symptoms/ Questions

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## Real Life Scenario: Where to Go?

You are a UNLV student with school-based insurance. Your family is new to the U.S., but has their own insurances. Mom has high blood pressure and needs to refill her prescription/medicine. Dad says he got ankle sprain from work. You need to get immunization done for your work. Younger sister (elementary school) has a cold, and your baby brother has a high fever. Where should everyone go? (Mom, Dad, You, Younger sister, Baby brother)

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## Real Life Scenario: Where to Go?

You are a UNLV scholar with ISO insurance. Your family is new to the U.S., but has their own insurances. Mom has high blood pressure and needs to refill her prescription/medicine. Dad says he got ankle sprain from work. You need to get immunization done for your work. Younger sister (elementary school) has a cold, and your baby brother has a high fever. Where should everyone go? (Mom, Dad, You, Younger sister, Baby brother)

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## Real Life Scenario: Where to Go?

You are a UNLV faculty with CDHP insurance. Your family is new to the U.S., but has their own insurances. Mom has high blood pressure and needs to refill her prescription/medicine. Spouse says he got ankle sprain from work. You need to get immunization done for your work. Your daughter (elementary school) has a cold, and your baby son has a high fever. Where should everyone go? (Mom, Spouse, You, Daughter, Baby son)

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## When in doubt...

1. Is it life threatening?

Yes → Emergency Room

No → Go to #2

2. Is it urgent?

Yes → Urgent Care

No → Go to #3

3. Are you clear about your illness/symptom(s)?

Yes → Specialist

No → Primary doctor or UNLV Wellness Center

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Zipkin, J.D. (2023). *Urgent care vs. emergency*. GoHealth Urgent Care. <https://www.gohealthuc.com/library/ucvser>

# Survey

- Please be as honest as possible.
- It will stay anonymous.
- It will be used to upgrade this session to better assist you in the future.

2  
9

# Raffle Time!

\$30 Prepaid Visa Card





## Appendix I

### PowerPoint Presentation for Physical Activities Module

✳

# Ways to Get Physical Activity

⋮



←

Created Spring 2024 by: Bo Park, OTD/S

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⋮

## Table of contents

←

<b>01</b>	What is Health Management?	<b>04</b>	Benefits of PA
<b>02</b>	Possible Barriers to PA	<b>05</b>	Fitting PA to Busy Schedule
<b>03</b>	Current Recommendation for PA	<b>06</b>	Different Ways to Get PA
		<b>07</b>	Terminology

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# What is Health Management?



- “activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations”
- Using health insurance, using healthcare system, physical activity, healthy diet



# What May Be the Barriers to Exercise?



## Academics/Work

- Time constraints
- Priorities
- Stress



## Language Barriers

- Don't know the terminology
- Increased hesitance



## Social Support

- Social isolation
- Difficulty making friends



## Cultural Barrier

- Stigma
- Gender expectation



## Current Recommendations on Physical Activity (PA)



**CDC**

- Min 150 minutes/wk of moderate intensity aerobic PA OR vigorous intensity for 75 minutes/wk
- Muscle-strengthening activities for 2+ days/wk
- Limit the time of being sedentary
- Equal mix of moderate and vigorous intensity aerobic PA for 2+ days/wk



**WHO**

- Min 150 minutes/wk of moderate intensity aerobic PA OR vigorous intensity for 75 minutes/wk
- Muscle-strengthening activities 2+ days/wk
- Limit the time of being sedentary

## Benefits of Physical Activity



- Improves sleep
- Increased energy to perform
- Improved cognitive ability
- Improved bone and musculoskeletal health
- May help immune systems to protect body from infection and disease



# What May Be the Barriers to Exercise?



## Academics/Work

- Time constraints
- Priorities
- Stress



## Language Barriers

- Don't know the terminologies
- Increased hesitance



## Social Support

- Social isolation
- Difficulty making friends



## Cultural Barrier

- Stigma
- Gender expectation



# Jar of Life



[https://www.youtube.com/watch?v=cMBM7K\\_yHog](https://www.youtube.com/watch?v=cMBM7K_yHog)





⋮

# Activity

- **Priority List**
- Monthly
- Weekly
- Any empty spots?

◆ Top 5 List

◆ 1. School (Academics)

◆ 2. sleep

◆ 3. self-care

◆ 4. Housework

◆ 5. Exercise

⋮

# Activity

- Priority List
- **Monthly**
- Weekly
- Any empty spots?

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



# Activity

- ◆ Top 5 List
- ◆ 1. School (Academics)
  - ◆ 2. Sleep
  - ◆ 3. Self-care
  - ◆ 4. Housework
  - ◆ 5. Exercise

- Priority List
- Monthly
- **Weekly**
- Any empty spots?

3 4 5 6 7 8 9

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
6:00	Wake up, Get ready, drive			Sleep		Wake up, Get ready, drive		
7:00								
8:00	Church	Class	Class	Wake up, Get ready, drive		Class - FW		
9:00								Group work
10:00								
11:00			Class		Class			
12:00					Class			
13:00		Class						
14:00							Group work	
15:00								
16:00								
17:00								
18:00		Dinner, family						
19:00	Family	HW, Study, Group work						
20:00								
21:00								
22:00	Sleep							
23:00								

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## Exercise Ideas When Busy

### During Travel

- Bicycle
- Walk/Jog
- Skateboard

### Lunch Time

- Shorten eating time
- Walk after eating

### Social Time

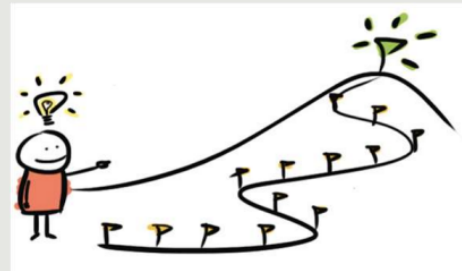
- Play sports
- Play active games
- Exercise together

### Bathroom Breaks

- 5 Squats after every use

### Parking

- Park far



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(Cheyette & Cheyette, 2021; Prevo et al., 2020)



# What May Be the Barriers to Exercise?



## Academics/Work

- Time constraints
- Priorities
- Stress



## Language Barriers

- Don't know the terminologies
- Increased hesitance



## Social Support

- Social isolation
- Difficulty making friends



## Cultural Barrier

- Stigma
- Gender expectation



# Using Physical Activity for Social Support



## Campus Clubs

Sports Club  
Intramural Sports

## Social Events

ISSS Game Time  
ISSS Volleyball  
UNLV Event Calendar

## Take a Class

Physical Education  
Program (PEX) courses



# Using Physical Activity for Social Support

## Campus Clubs

- Intramural Sports

## Social Events

- ISSS Game Time
- ISSS Volleyball
- UNLV Event Calendar

## Take a Class

- Physical Education Program (PEX) courses
- UNLV Continuing Education Program



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# Using Physical Activity for Social Support

## Campus Clubs

- Sports Club
- Intramural Sports



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# Using Physical Activity for Social Support

## Campus Clubs

Intramural Sports



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# Using Physical Activity for Social Support

## Social Events

- ISSS Game Time - Every Weds
- ISSS Volleyball - Every last Tues
- UNLV Event Calendar



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UNLV UNIVERSITY OF NEVADA, LAS VEGAS
TOPICS ▾ AUDIENCES ▾

☰ International Student and Scholar Services 🔍

[UNLV Home](#) / [International Student and Scholar Services Home](#) / [Events](#)

## Events

<p>Mar <b>06</b></p>	<p><b>Game Time</b> Make new friends and improve your English language skills in a relaxed environment while playing fun games. Enjoy snacks and win prizes!</p>
<p>Mar <b>26</b></p>	<p><b>International Volleyball</b> Relieve stress, improve your health, and make new friends in UNLV's international student community. This student volleyball game is held every last Tuesday of the month.</p>

# Using Physical Activity for Social Support

## Social Events

ISSS Event Calendar  
UNLV Event Calendar

UNLV UNIVERSITY OF NEVADA, LAS VEGAS

Calendar

Search Results

- [Paddling Workshop: Canoeing](#)  
Mar. 20, 2024, 6pm to 8pm
- [Shuffle & Slushies](#)  
Apr. 2, 2024, 11:30am to 1:30pm
- [Paddling Workshop: Kayak](#)  
Apr. 3, 2024, 6pm to 8pm
- [Bike Workshop: Tuning](#)  
Apr. 10, 2024, 3pm to 4pm



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# Using Physical Activity for Social Support

## Take a Class

Physical Education  
Program (PEX) courses

PEX Course Listing

Home → PEX Course Listing

Term:

Subj.	Section	Title	Credits	Days	Start Time	End Time
PEX	113 1001	Basketball	1	TR	11:30:00 AM	12:20:00 PM
PEX	115 1001	Aikido (Beginning)	1	TR	6:00:00 PM	6:50:00 PM
PEX	117 1001	Golf	1	Tu	5:30:00 PM	7:15:00 PM
PEX	119 1001	Swing Dance		Thur	5:30pm	7:15pm
PEX	127 1001	Tennis	1	MW	11:30:00 AM	12:20:00 PM
PEX	129 1001	Beginning Volleyball	1			
PEX	134 1001	Rock Climbing	1	Tu	6:00:00 PM	7:40:00 PM
PEX	145 1001	Bootcamp	1	MW	8:30am	9:20am
PEX	145 1002	Bootcamp	1	MW	11:30am	12:20pm
PEX	146 1001	Self-Defense	1	MW	4:00:00 PM	4:50:00 PM
PEX	147 1001	Tae Kwon Do (Beg)	1	TR	1:00:00 PM	1:50:00 PM
PEX	169C 1001	Low Back Care Gentle Yoga	1	TR	1:00pm	1:50pm
PEX	100 1001	Archery	1	M	5:30pm	7:15pm
PEX	101 1001	Backpacking and Camping	2	TR	6:00:00 PM	8:00:00 PM
PEX	101 1002	Backpacking and Camping	2	MW	6:00:00 PM	8:00:00 PM
PEX	102 1001	Badminton	1	MW	8:30am	9:20am
PEX	105 1001	Scuba	1	Tu	1:00pm	3:00pm
PEX	107B 1001	Beginning Swimming	1	MW	10:00:00 AM	10:50am
PEX	108 1001	Line Dancing		MW	5:30pm	6:20pm
PEX	111 1001	Jogging	1	TR	10:00:00 AM	10:50:00 AM



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# Using Physical Activity for Social Support

## PEX Course Listing

Home • PEX Course Listing

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Subj.	Section	Title	Credits	Days	Start Time	End Time
PEX	113 1001	Basketball	1	TR	11:30:00 AM	12:20:00 PM
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PEX	111 1001	Jogging	1	TR	10:00:00 AM	10:50:00 AM

## Take a Class

- Physical Education Program (PEX) courses
- UNLV Continuing Education program



# Other Resources

## Outdoor Adventures

- Trips
- Renting Services
- Workshop



Outdoor Trips/Certs



Equipment Rentals



Bike Shop



Climbing Facility



Workshops & Events



Custom Trips

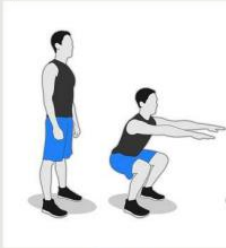
## Gym

- Personal Training
- Group Fitness Class
- Fitness Testing

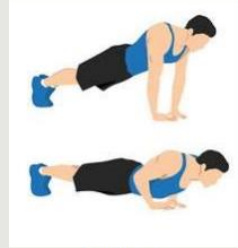




# Basic Terminology



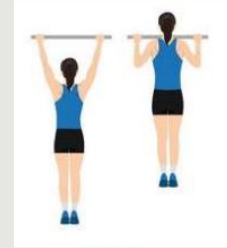
Squat



Push up



Sit up



Pull up



Lunge



Curls

- Reps: short for repetition; number of repetition per exercise (i.e. 10 push ups = 10 reps)
- Sets: collection of reps; can apply for multiple exercises (i.e. 10 push up +10 squat → 1 set)



## If you have question...

### Events:

- UNLV: <https://www.unlv.edu/calendar>
- ISSS: <https://www.unlv.edu/oiss/events>

### Sports Club:

- <https://www.unlv.edu/campusrec/sportclubs>

### Intramural Sports:

- <https://www.unlv.edu/campusrec/intramurals>
- Email: [swc.intramurals@unlv.edu](mailto:swc.intramurals@unlv.edu)

### PEX courses:

- [https://pex.unlv.edu/course-listing?term\\_tid=30](https://pex.unlv.edu/course-listing?term_tid=30)
- email: [pex@unlv.edu](mailto:pex@unlv.edu)

### Gym/Fitness

- Student Recreation and Wellness Center
- Email: [swc.fitness@unlv.edu](mailto:swc.fitness@unlv.edu)

### Outdoor Adventure

- Student Recreation and Wellness Center
- Email: [swc.aa@unlv.edu](mailto:swc.aa@unlv.edu)







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- World Health Organization. (2022). *Physical activity*. <https://www.who.int/news-room/fact-sheets/detail/physical-activity>



## Survey



- Please be as honest as possible.
- It will stay anonymous.
- It will be used to upgrade this session to better assist you in the future.





# Raffle Time!

\$30 Prepaid Visa Card



# Thank You!

Do you have any questions?



## Appendix J

### PowerPoint Presentation for Healthy and Cultural Food Module



Ways to Get Cultural and Healthy Food

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Created Spring 2024 by: Bo Park, OTD/S

This slide features a light green background with scattered green leaves and small decorative swirls. The title "Ways to Get Cultural and Healthy Food" is centered in a dark green, serif font. Below the title is a horizontal line. To the right of the title is a colorful illustration of a grocery bag overflowing with fresh produce, including a watermelon, carrots, leafy greens, and a bottle of olive oil. In the bottom left corner is the UNIV logo and the text "INTERNATIONAL STUDENTS & SCHOLARS". In the bottom right corner, it says "Created Spring 2024 by: Bo Park, OTD/S".



Table of contents

- 01 What is Health Management?
- 02 Why Important?
- 03 Possible Barriers
- 04 Current Recommendation
- 05 Making Choices
- 06 Ways to Get Healthy and Cultural Food
- 07 Resources

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This slide features a light green background with scattered green leaves and small decorative swirls. The title "Table of contents" is centered in a dark green, serif font. Below the title is a list of seven items, each with a circular icon containing a number. To the right of the list is a colorful illustration of a grocery bag overflowing with fresh produce, including a watermelon, carrots, leafy greens, and a bottle of olive oil. In the bottom left corner is the UNIV logo and the text "INTERNATIONAL STUDENTS & SCHOLARS".

## What is Health Management?

- “Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations”
- Using health insurance, using healthcare system, physical activity, healthy diet

## How was Your Experience with food in U.S.?

- How do you like it?
- Any Pros and Cons?
- How did it affect your health?
- Any access to home country food?



# Why Healthy AND Cultural Food?

## Sudden Change of Food

- Negative effect to health
  - Tiredness
  - Weight gain
  - Diabetes

## Cultural Identity

- Cultural beliefs
- Religious beliefs

# What May Be the Barriers to Get Healthy & Cultural Food?

## No Information

- Where to get home country ingredient

## Transportation

- No car
- Limited grocery store near campus

## Financial Burden

- Too costly to eat in cultural food restaurants
- More expensive in U.S. than in home country
- Junk food is cheaper than healthy food

# Current Recommendation on Food

## CDC

- Vegetables, Fruits, Grains, Dairy, Protein, and Oil
- 467.5 g = Vegetable 187.5 g + Fruits 280 g
- 50 g of sugar
- 2.3 g of salt

## WHO

- Fruit, Vegetables, Legumes (beans, peas, lentils), Nuts, Whole Grains
  - Not starchy roots
- Min 400 g of fruits and vegetable
- < 50 g of sugar
- < 5 g of salt
- Unsaturated fat > Saturated fat, Trans fat

# Making Nutrient-Dense Choices

Full-Fat Yogurt with Sugar



Non-Fat Plain Yogurt with Fruits

Butter



Vegetable Oil

Soda



Sparkling Water

## Let's Try!

- What did you eat yesterday?
- Which nutrients do you need to add or subtract from it according to CDC and WHO guidelines?
- How can you change your meals to nutrient-dense choices?



## Let's Try!

### Meal List

Breakfast	Banana
Snack/Dessert	Coffee with syrup
Lunch	Rice + Chicken Teriyaki with sauce
Snack/Dessert	Chips - Lays
Dinner	2 slices of pepperoni pizza + 12 oz coke
Snack/Dessert	ice cream bar

# Let's Try!

- Min 400 g of fruits and vegetable
- < 50 g of sugar
- < 5 g of salt
- Unsaturated fat > Saturated fat, Trans fat

## Meal List

Breakfast	Banana
Snack/Dessert	Coffee with syrup
Lunch	Rice + Chicken Teriyaki with sauce
Snack/Dessert	Chips - Lays
Dinner	2 slices of pepperoni pizza + 12 oz coke
Snack/Dessert	ice cream bar

## Subtract/Add Nutrients

Add (+)	Subtract (-)
- 3 Tangerine worth of fruits and vegetables	- less sugar - less saturated fat

# Let's Try!

## Meal List

Breakfast	Banana
Snack/Dessert	Coffee with syrup
Lunch	Rice + Chicken Teriyaki with sauce
Snack/Dessert	Chips - Lays
Dinner	2 slices of pepperoni pizza + 12 oz coke
Snack/Dessert	ice cream bar



Breakfast	N/A
Snack/Dessert	N/A
Lunch	Sauce on the side
Snack/Dessert	Baked chips/ Sun chips
Dinner	1 slice of grilled chicken or Hawaiian pizza + salad + mini coke
Snack/Dessert	Fruits





# What May Be the Barriers to Get Healthy & Cultural Food?

## No Information

- Where to get home country ingredient

## Transportation

- No car
- Limited grocery store near campus

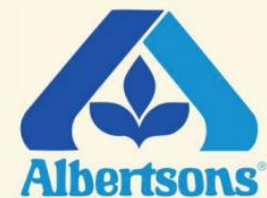
## Financial Burden

- Too costly to eat in cultural food restaurants
- More expensive in U.S. than in home country
- Junk food is cheaper than healthy food

# Ways to Counter the Barriers

## Financial Burden

- Too costly to eat in cultural food restaurants
- More expensive in U.S. than in home country
- Junk food is cheaper than healthy food



# Ways to Counter the Barriers

## Transportation

- No car
- Limited grocery store near campus



# Ways to Counter the Barriers

## No Information

- Where to get home country ingredient

India Market - international grocery  
 • Fiji, East European, Mediterranean



Greenland Market  
 • Korean



Seafood City Supermarket  
 • Filipino, "Asian"



H mart - Coming Soon  
 • Korean



99 Ranch Market  
 • Taiwanese, Asian



International Marketplace  
 • "50 countries"

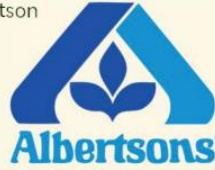


# Ways to Counter the Barriers

## No Information

- Where to get home country ingredient

Albertson



Vons



Smart & Final



Trader Joe's



Wholefoods



# Resources In and Around Campus

India Market - international grocery  
1435 E Tropicana Ave,  
India, Ethiopian, Sri Lanka,  
Fiji, East European,  
Mediterranean

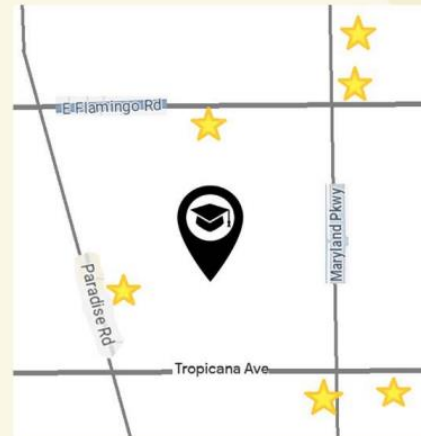
Vons  
1131 E Tropicana Ave, Las Vegas, NV 89119  
American

Seafood City Supermarket  
3890 S Maryland Pkwy, Las Vegas, NV 89119  
Filipino, "Asian"

UNLV Food Pantry  
4646 S University Center Dr,  
Las Vegas, NV 89119

UNLV Community Garden  
920 Cottage Grove Ave, Las Vegas, NV 89119

Albertsons  
1300 E Flamingo Rd, Las Vegas, NV 89119  
American



# Living in Dorms?

## OPTIONAL ITEMS YOU MAY NEED

- Clock
- Mattress topper
- Curtains, rugs, pictures, and decorative items
- Utensils, food storage containers, bag clips
- Bath mat and shower caddy
- Ironing board and drying rack
- Coffee maker
- Rice cooker
- Fan
- Desk lamp
- Refrigerator (3.2 cu. ft.)
- Water filter and reusable water bottles
- Command strips
- Bike with a U-lock and chain
- Printer and Ethernet cable
- UL approved surge protectors
- TV and coaxial cable cord (except UCC)

## WHAT NOT TO BRING

- Appliances with open heating coils (hot plates, toaster ovens, etc.)
- Microwaves
- Grills
- Air fryers
- Hoverboards
- Pets (except for fish)
- Firearms or ammunition
- Flammable items, fireworks, or explosives
- Candles, incense, or items with open flames
- Electric blankets
- Halogen lamps
- Extension cords
- Space heaters

(University of Nevada Las Vegas, 2022)

# Living in Dorms?

## 7-in-1 Functionality

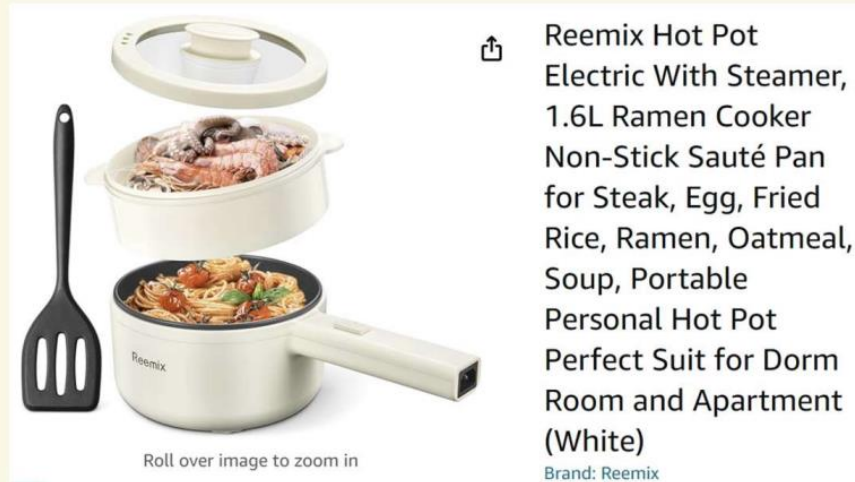
Pressure cook, slow cook, rice, steam, sauté, yogurt and warm.



Instant Pot Duo 7-in-1 Mini Electric Pressure Cooker, Slow Rice Cooker, Steamer, Sauté, Yogurt Maker, Warmer & Sterilizer, Includes Free App with over 1900 Recipes, Stainless Steel, 3 Quart  
[Visit the Instant Pot Store](#)

SAFETY FEATURES: Includes over 10 safety features, plus overheat protection and safe-locking lid

## Living in Dorms?



Reemix Hot Pot  
Electric With Steamer,  
1.6L Ramen Cooker  
Non-Stick Sauté Pan  
for Steak, Egg, Fried  
Rice, Ramen, Oatmeal,  
Soup, Portable  
Personal Hot Pot  
Perfect Suit for Dorm  
Room and Apartment  
(White)

## Real Life Scenario: What Would You Suggest?

John is from India and has been in UNLV for 3 months. He's been eating food from in and around the campus but is getting sick of eating only American food. He is planning to stay in U.S. for at least 3 years, and he does not have a car or a license. What would you suggest him to do?

## References

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- World Health Organization. (2020). *Healthy diet*. <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>

## Survey

- Please be as honest as possible.
- It will stay anonymous.
- It will be used to upgrade this session to better assist you in the future.

# Raffle Time!

\$30 Prepaid Visa Card



# Thank You!

Do you have any questions?



## **Appendix K**

### **Class Materials for Health Insurance Module**

# **Understanding U.S. Health Insurance**

Created by Bo Park OTD/S in 2024

1



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## Vocabulary

- **Copay:** set dollar amount for you to pay for every visit
- **Coinsurance:** portion (%) of allowed amount for you to pay for every services
- **Deductible:** yearly amount that needs to be paid before the insurance covers
- **Out-of-pocket:** yearly maximum amount of payment that comes out of your pocket (coinsurance + deductible + copay)
- **Balance billing:** if you use providers or healthcare services out-of-network, the provider might charge you the difference that insurance does not cover – except life-threatening emergency services
- **Premium:** semester/weekly (depending on your plan) payment to keep insurance active
- **Allowed amount:** contracted rate between the insurance and the provider per service
- **Eligibility:** what qualifies a student to be enroll for the insurance
- **Benefits:** services that are covered by the insurance plan

- **In-network:** Providers who are contracted with the insurance company
- **Out-of-network:** Providers who are not contracted with the insurance company
- **Pre-authorization/pre-approval/pre-certification:** an approval from insurance company for high dollar claims that insurance need to pre-approve (ex. CT with contrast = \$15000) to make sure it's required so that it could be covered by insurance
- **Billing/claim:** detailed bill to request for payment – provider to insurance to patients
- **Explanation of benefits (EOB):** explanation of the payment process - "receipt"
- **Appeal:** a request for insurance company to reconsider covering/paying a claim

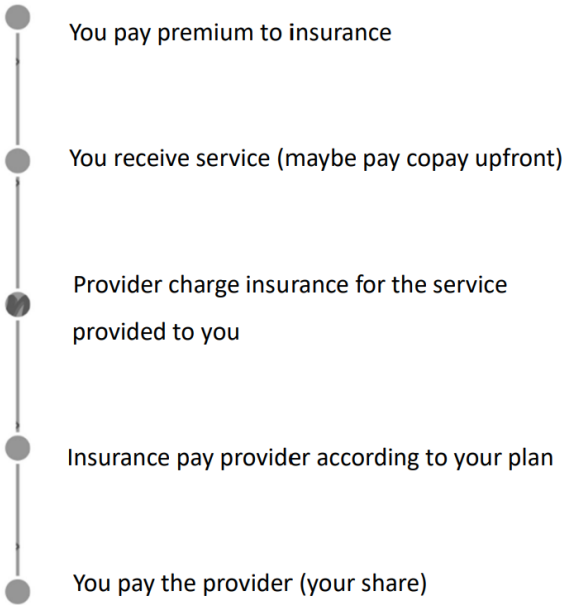
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## What is Health Insurance?

- "A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium" (Centers for Medicare & Medicaid Services, n.d.).
- Largely 2 types of insurances:
  - Universal Health Insurance is where government covers the medical bills for you
  - Market based Insurance is where a business covers the medical bills.
- The U.S. medical system does offer some government insurance, but most is market-based insurances.

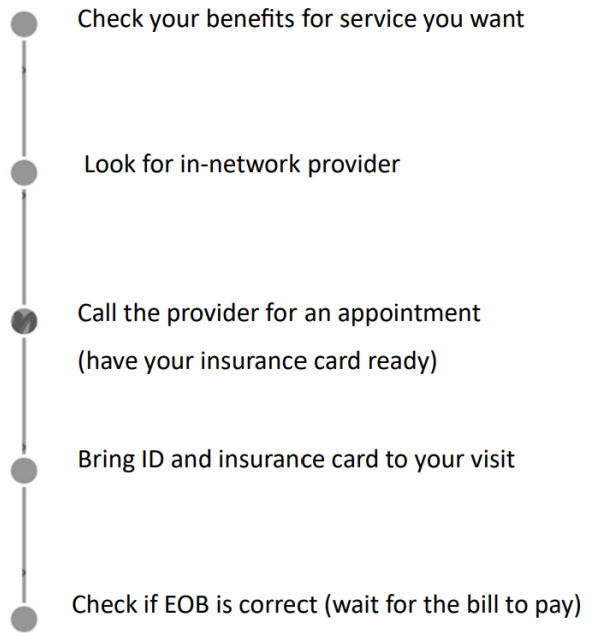
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## How does Health Insurance Work?



6

## Steps to Using Health Insurance



7

# Example of Health Insurance Card

**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company

**1** PLAN TYPE

Member: NAME  
Member ID: 000000000-00 Group Number: 000000000000

**2** Benefit Code:  
Medical: 00000000 Payer ID  
Rx: 00000000  
Vision: 00000000

**3** Copy: Office / Spec  
\$0/\$0 Effective Date: 01/01/2021

**4** Tier 1: Des IND/FAM \$0000/\$0000 COPM IND/FAM \$0000/\$0000

**5** OPTUMRx  
Rx BIN: 000000  
Rx GRP: GRP Name  
Rx PCN: 0000

Underwritten by Health Plan of Nevada, Inc.

---

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 00,000000

**6** Card does not guarantee coverage. Obtain prior authorization or verify benefits at HealthPlanofNevada.com or call Member Services.

Member Services:  
24/7 Advice Nurse: 1-800-777-1840  
Mental Health: 1-800-288-2264  
24 Hour Virtual Visits: 1-800-873-2246  
Download the NowClinic® app

**7**

For Providers: HealthPlanofNevada.com 1-800-777-1840  
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

**8** Prior Authorization or Emergency Services Only Outside Nevada  
Pharmacy Claims: OptumRx, PO Box 650540, Dallas, TX 75265-0540  
For Pharmacists: 1-800-443-8197


## Example of Eligibility and Benefits

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services  
 UNIVERSITY OF NEVADA, LAS VEGAS:  
 Open Choice®

ered Services

Coverage Period: 07/01/2023-08/31/2024

Coverage for: Individual + Family | Plan Type: PPO

 The Summary of Benefits and Coverage (SBC) document will help you understand the cost for covered health care services. NOTE: Information about this document is a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetnastudenthealth.com/> or by calling 1-877-480-4161. For general definitions of common terms, such as allowable or underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-877-480-4161 to request a copy.

u choose a health plan. The SBC shows you how you and the plan would share the cost of this plan (called the premium) will be provided separately. This is only if the complete terms of coverage, <https://www.aetnastudenthealth.com/> or by calling d amount, balance billing, coinsurance, copayment, deductible, provider, or other [www.healthcare.gov/sbc-glossary/](https://www.healthcare.gov/sbc-glossary/) or call 1-877-480-4161 to request a copy.

Important Questions	Answers
What is the overall deductible?	For each Plan Year, In-Network: Individual \$250 / Family \$0. Out-of-Network: Individual \$500 / Family \$0.
Are there services covered before you meet your deductible?	Yes. Prescription drugs is covered before you meet your deductible.
Are there other deductibles for specific services?	No.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$8,550 / Family \$17,100. Out-of-Network: Individual \$17,100 / Family \$34,200.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a> or call 1-877-480-4161 for a list of in-network providers.
Do you need a referral to see a specialist?	No.

Why This Matters:
Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
You don't have to meet deductibles for specific services.
The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
Even though you pay these expenses, they don't count toward the out-of-pocket limit.
This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
You can see the specialist you choose without a referral.

## Example of Eligibility and Benefits

Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	What You Will Pay		Limitations, Exceptions, & Other Important Information
			In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance after \$25 copay	50% coinsurance after \$25 copay/visit	50% coinsurance after \$25 copay/visit	None
	Specialist visit	20% coinsurance after \$25 copay	50% coinsurance after \$25 copay/visit	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Preventive care /screening /immunization	No charge	50% coinsurance	50% coinsurance	None
If you have a test	Diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	20% coinsurance 20% coinsurance	50% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	None
If you need drugs to treat your illness or condition  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.aetnapharmacy.com/advancedcontract">www.aetnapharmacy.com/advancedcontract</a>	Generic drugs	30% coinsurance, deductible apply	50% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in-network.
	Preferred brand drugs	30% coinsurance, deductible apply	50% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
	Non-preferred brand drugs	30% coinsurance, deductible apply	50% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
	Specialty drugs	30% coinsurance, deductible apply	50% coinsurance, deductible doesn't apply	50% coinsurance, deductible doesn't apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	50% coinsurance	None

# Ex of Explanation of Benefits (EOB)



**2** ELLEN SMITH, MD  
1000 MIDDLE STREET  
MIDDLETOWN CT 06457

**6** Notes: The benefits listed below reflect your portion of this payment.  
For Participating Physicians and Facilities Only - If your practice has a  
<https://www.aetna.com/providerhealthoffice>

**7** Patient Name: JOHN DOE  
Patient Account: 659987412554 **8** Patient ID # 888888888 **9**  
**10** Member ID: W101010101  
**11** Relation: Self **12** Member: John Doe  
Diag: 7964 **13** Group Name: ABC Company  
**14** APDRG: **15** **19** Claim ID: EKSPST25L00 **16** Recd: 01/15/05

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED AMOUNT
01/08/05	11	99213-00	1	110.00	90.00
01/08/05	11	86021-00	1	140.00	96.67
01/08/05	11	82541-00	1	110.00	90.00
<b>TOTALS</b>				360.00	276.67

**36** Remarks:  
**1** - We have paid the maximum allowed by your plan of benefits  
**37** For Questions Regarding This Claim:  
P.O. Box 2250, Arnytown, USA 12345-6789  
**CALL 1-800-777-7777 FOR ASSISTANCE**  
Note: All Inquiries should reference the ID number above for prom

**TOTAL PAY**

## EXPLANATION OF BENEFITS

**1** Please Retain for Future Reference  
Ellen Smith MD/ PIN: 0001111111  
Page 1 of 1

**4** Date Printed: 01/17/2005  
**3** Tax Identification Number: 222222222  
**5** Check Number: 5763636854  
Check Amount: **5** \$150.00

change of address and/or telephone number please contact Aetna online at:

**13** AETNA LIFE INSURANCE COMPANY  
**14** Group Number: 660379-10-001 AB DAMGTD  
**17** Product: PPO Medical  
**20** Network ID: 0012 MASS/NEW HAMPSHIRE

COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAIABLE AMOUNT
20.00			7.00	9.67	27.00	63.00
	90.00	1			9.67	87.00
					90.00	
20.00	90.00			16.67	126.67	150.00

**34** ISSUED AMT: **35** \$150.00

for this service. The balance is the member's responsibility.

Total Patient Responsibility: **38** \$126.67  
Claim Payment: **39** \$150.00

**40** PAYMENT TO ELLEN SMITH, MD: **41** \$150.00

## Contact Information

### F-1 & J-1 Students with automatic insurance enrollment

#### To enroll in the middle of semester:

- <https://UNLV.myahpcare.com/>

#### Question about insurance, enrollment, or waiver:

Ellen Bolt

- [ellen.bolt@unlv.edu](mailto:ellen.bolt@unlv.edu)
- [insurancewaiver.grads@unlv.edu](mailto:insurancewaiver.grads@unlv.edu)

Aetna Student Health

- Phone#: 855-850-4192

### J-1 Students and Scholars

#### Government requirements

UNLV International Students and Scholars Services (ISSS)

- [oiss@unlv.edu](mailto:oiss@unlv.edu)
- Phone#: 702-774-6477

Outside insurance resource

- [isoa.org](http://isoa.org)

### HR personnel

#### To enroll:

- <https://pebp.nv.gov/>

#### Question about insurance or enrollment:

HR

- [hrbenefits@unlv.edu](mailto:hrbenefits@unlv.edu)
- Phone#: 702-895-3504

PEBP

- E-PEBP portal message
- [memberservices@peb.nv.gov](mailto:memberservices@peb.nv.gov)
- Phone#:
  - Local: 775-684-7000 or 702-486-3100
  - Out of state: 800-326-5496



# Notes

## References

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<https://doi.org/10.3390/medicina56110580>

## **Appendix L**

### **Class Materials for Healthcare Services Module**

# **Understanding U.S. Healthcare Services**

Created by Bo Park OTD/S in 2024

1

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## What is Healthcare Service?

- Healthcare: “efforts made to maintain, restore, or promote someone’s physical, mental, or emotional well-being especially when performed by trained and licensed professionals” (Merriam-Webster, n.d.).
- Largely 2 types of insurances:
  - Universal Healthcare is where government provides healthcare.
  - Market-Based Healthcare is where a business provides healthcare.
- The U.S. medical system does offer some government healthcare, but most is market-based healthcare.

## Different Types of Healthcare

### Doctor's Office

- Primary care physician
- Specialist
- Therapist

### Hospital

- Specialist
- Surgery
- Admission

### Urgent Care

- Non-emergency
- Longer hours
- No appointment

### Emergency Room

- Emergency
- 24/7
- No appointment

### Pharmacy

- Medication
- Immunization

### Laboratory

- Blood draw
- Specimen collection
- More specific results

## Non-Emergency (Urgent) Vs. Emergency

### **Urgent**

- Non-life threatening
- Stomach Pain
- Allergies
- Asthma
- Bone breaks
- Ear/eye infections
- Fever
- Minor burns/ wounds
- Skin rashes
- Vomiting/naurea

5

### **Emergency**

- Severe injuries
- Shortness of breath
- Chest pain
- Uncontrolled Bleeding
- Seizures
- Stroke
- Head injuries
- Paralysis
- Severe headache
- Unconsciousness

(Kaiser Permanente, 2023; King, 2020; Zipkin, 2023)

6

## Things to Bring

- Pictured ID
- Insurance Card
- Family History
- Symptoms
- Questions

## When in Doubt:

1. Is it emergency/life threatening?  
Yes → Emergency Room  
No → Go to #2
2. Is it urgent?  
Yes → Urgent Care  
No → Go to #3
3. Are you clear about your illness/symptom(s)?  
Yes → Specialist  
No → Primary doctor or UNLV Wellness Center

7

## References

- Kaiser Permanente (2023). *What's the difference between urgent and emergency care?* <https://healthy.kaiserpermanente.org/health-wellness/healtharticle.difference-between-urgent-and-emergency-care>
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## Notes

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## **Appendix M**

### **Class Materials for Physical Activities Module**

# **Ways to Get Physical Activities**

Created by Bo Park OTD/S in 2024

1



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Ways to Use Physical Activity for Social Support.....	10
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## Center for Disease Control (CDC) & World Health Organization (WHO) Recommendation for Physical Activity

- Minimum 150 minutes per week of moderate intensity aerobic physical activity OR vigorous intensity for 75 minutes per week
  - Moderate intensity aerobic physical activity = fast walking
  - Vigorous intensity aerobic physical activity = jogging or running
- Muscle-strengthening activities for 2 or more days per week
  - For major muscle groups of your body (legs, hips, back, chest, abdomen, shoulders, arms)
  - Try to do 8-12 reps per activity (up to the point that it is hard for you to do another rep without help)
- Limit the time of being sedentary/still
- Equal mix of moderate and vigorous intensity aerobic physical activities for 2 or more days per week

## **Benefits of Physical Activity**

- Improves sleep
- Increased energy to perform daily activity
- Improved cognitive ability
- Improved bone and musculoskeletal health
- May help immune system to protect body from infection and disease

## **Ways to Overcome Time Constraints**

- Priority List
- Monthly Planner
- Weekly 24 hour Planner
- Check for any empty spots
  - Spread 150 minutes throughout the week

### Priority List

**Top 5 List (\*include Exercise)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Monthly Planner

March						
Sun	Mon	Tue	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

5

### Weekly Planner

	Saturday	Friday	Thursday	Wednesday	Tuesday	Monday	Sunday
	6:00						
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							

6

## Priority List

### Top 5 List (\*include Exercise)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Monthly Calendar

Sun	Mon	Tue	Wed	Thurs	Fri	Sat

7

## Weekly Calendar

	Saturday	Friday	Thursday	Wednesday	Tuesday	Monday	Sunday
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
13:00							
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17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							

8

## Ways to Fit in Exercise

- During Travel
  - Bicycle
  - Walk/Jog
  - Skateboard
- Lunch Time
  - Shorten eating time
  - Walk after eating
- Bathroom Breaks
  - 5 Squats after every use
- Parking
  - Park vehicle far from destination
- Social Time
  - Play sports
  - Play active games
  - Exercise together

9

## Ways to Use PA for Social Support

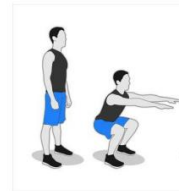
- Campus Clubs
  - Sports Club: casual, moderate competitive
  - Intramural Sports: casual, mild competitive
- Social Events
  - ISSS Game Time: every Wednesday
  - ISSS Volleyball: every last Tuesday
  - UNLV Event Calendar
- Take a Class
  - Physical Education Program (PEX) courses
    - Archery
    - Badminton
    - Scuba
    - Dance
    - Martial Arts
    - And more!

10

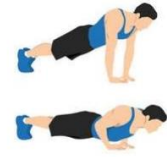
## Other UNLV Resources

- Outdoor Adventure
  - Trips
  - Outdoor Equipment Rent
  - Workshops
- Gym/Fitness
  - Personal Training
  - Group Fitness Training
  - Fitness Testing

### Basic Exercise Vocabulary



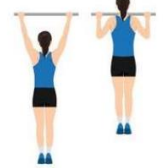
Squat



Push up



Sit up



Pull up



Lunge



Curls

Reps: short for repetition; number of repetitions per exercise (i.e. 10 push-ups = 10 reps)

Sets: collection of reps; can apply for multiple exercises (i.e. 10 push up + 10 squat → 1 set)

## Contact Information

### Sports Club

- <https://www.unlv.edu/campusrec/sportclubs>
- emails for each club are on the website

### Intramural Sports

- <https://www.unlv.edu/campusrec/intramurals>
- email: [srwc.intramurals@unlv.edu](mailto:srwc.intramurals@unlv.edu)
- phone#: 702-774-7128

### ISSS Event Calendar

- <https://www.unlv.edu/oiss/events>

### UNLV Event Calendar

- <https://www.unlv.edu/calendar>

### Physical Education Program (PEX) courses

- [https://pex.unlv.edu/course-listing?term\\_tid=30](https://pex.unlv.edu/course-listing?term_tid=30)
- email: [pex@unlv.edu](mailto:pex@unlv.edu)

### Outdoor Adventures

- Student Recreation and Wellness Center
- email: [srwc.aa@unlv.edu](mailto:srwc.aa@unlv.edu)

### Gym/Fitness

- Student Recreation and Wellness Center
- email: [srwc.fitness@unlv.edu](mailto:srwc.fitness@unlv.edu)

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- University of Nevada Las Vegas. (n.d.). *PEX Course Listing*. [https://pex.unlv.edu/course-listing?term\\_tid=30](https://pex.unlv.edu/course-listing?term_tid=30)
- University of Nevada Las Vegas. (n.d.). *Calendar*. <https://www.unlv.edu/calendar>
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## Notes

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**Appendix N**

**Class Materials for Healthy and Cultural Food Module**

**Ways to Get  
Healthy and Cultural Food**

Created by Bo Park OTD/S in 2024

1

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## Center for Disease Control (CDC) & World Health Organization (WHO) Recommendation for Healthy Diet

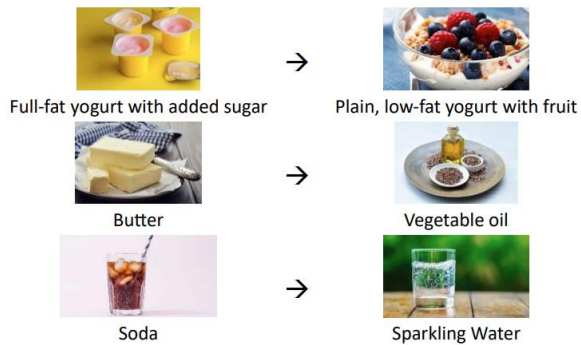
CDC	WHO
<ul style="list-style-type: none"> <li>• Vegetables: all types and colors</li> <li>• Fruits: especially whole fruit</li> <li>• Grains: at least half of which are whole grain</li> <li>• Dairy: milk, yogurt, cheese, and soy</li> <li>• Protein: meat, poultry, eggs, seafood, beans, nuts, soy</li> <li>• Oil: Vegetable oils, oils in seafood and nuts</li> <li>• 467.5 g of Fruit and Vegetable               <ul style="list-style-type: none"> <li>○ Vegetable 187.5 g</li> <li>○ Fruits 280 g</li> </ul> </li> <li>• 50 g of Sugar</li> <li>• 2.3 g of Salt</li> </ul>	<ul style="list-style-type: none"> <li>• Vegetables</li> <li>• Fruits</li> <li>• Lentils and beans</li> <li>• Nuts</li> <li>• Whole grains</li> <li>• At least 400 g of Fruit and Vegetable</li> <li>• Less than 50 g of Sugar</li> <li>• Less than 5 g of Salt</li> </ul>

3

## Benefits of Healthy and Cultural Food

- Prevent negative effect to health due to sudden change of diet
  - Tiredness
  - Weight gain
  - Diabetes
- Keep cultural identity
  - Cultural beliefs
  - Religious beliefs

## Ways to Make Nutrient-Dense Choices



4

### Meal List

Breakfast	
Snack/Dessert	
Lunch	
Snack/Dessert	
Dinner	
Snack/Dessert	

### Meal List

Breakfast	
Snack/Dessert	
Lunch	
Snack/Dessert	
Dinner	
Snack/Dessert	

### Subtract/Add Nutrients

Add ( + )	Subtract ( - )

### Subtract/Add Nutrients

Add ( + )	Subtract ( - )

### Nutrient-Dense Choices

Breakfast	
Snack/Dessert	
Lunch	
Snack/Dessert	
Dinner	
Snack/Dessert	

### Nutrient-Dense Choices

Breakfast	
Snack/Dessert	
Lunch	
Snack/Dessert	
Dinner	
Snack/Dessert	

5

6

## Ways to Overcome Financial Burden for Healthy and Cultural Food

- Earn money
  - Different rules and regulations for different visa status
- Explore different grocery stores for quality vs cost
- Share meals with friends and family
- Look for free food options
  - “Take What you Need” event: every 1<sup>st</sup> Thursday
  - UNLV food pantry
  - UNLV community garden







7

## Ways to Overcome Transportation for Healthy and Cultural Food

- Public Transportation: Bus
  - RTC Transit
  - U Pass: discounted bus pass for UNLV students and staff
- Taxi
  - UBER
  - Lyft
  - Private
  - Designated Pick-up/Drop-off locations in UNLV
- Carpool
  - With friends and colleagues
  - Club Ride Commuter Services from RTC Transit

8

## Ways to Overcome Information for Healthy and Cultural Food

Cultural Food	
 India Market – International Grocery (Fiji, East European, India, Mediterranean)	 Greenland Market (Korean)
 Seafood City Supermarket (Filipino, "Asian")	 H Mart - *Coming soon (Korean)
 99 Ranch Market (Taiwanese, Asian)	 International Marketplace ("50 countries")

9

General Food	
 Albertson	 Vons
 Smart & Final's	 Trader Joe's
 Wholefoods	

10

## Resources In and Around Campus



- 1. Seafood City Supermarket**  
3890 S Maryland Pkwy, Las Vegas, NV 89119
- 2. Albertsons**  
1300 E Flamingo Rd, Las Vegas, NV 89119
- 3. UNLV Community Garden**  
920 Cottage Grove Ave, Las Vegas, NV 89119
- 4. UNLV Food Pantry**  
4646 S University Center Dr, Las Vegas, NV 89119
- 5. Vons**  
1131 E Tropicana Ave, Las Vegas, NV 89119
- 6. India Market - international grocery**  
1435 E Tropicana Ave, Las Vegas, NV 89119

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## Other UNLV Resources

- Hazel M. Wilson Dining Commons
  - 4505 S. Maryland Pkwy., Las Vegas, NV 89154
  - <https://unlv.campusdish.com/>
- Student Union Food Court
  - First Floor of Student Union
  - <https://unlv.campusdish.com/>

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## Contact Information

### "Take What you Need" event

- Every 1<sup>st</sup> Thursday
- Website:  
<https://www.unlv.edu/sll/scholarships/basic-needs>
- Email: [ash.quinn@unlv.edu](mailto:ash.quinn@unlv.edu)

### UNLV food pantry

- UNLV University Auxiliary Building
- Website:  
<https://www.unlv.edu/integratedhealth/food-pantry>
- Email: [food.pantry@unlv.edu](mailto:food.pantry@unlv.edu)

### UNLV community garden

- By the Stan Fulton Building Parking Lot
- Website:  
<https://www.unlv.edu/facilities/community-garden>
- Email: [garden@unlv.edu](mailto:garden@unlv.edu)

### RTC Transit

- Website: <https://www.rtcnv.com/>

### Club Ride Commuter Services

- Website: <https://www.rtcnv.com/ways-to-travel/club-ride/>

### U Pass

- Discounted bus pass for UNLV students and staff
- Website:  
<https://www.unlv.edu/parking/transportation/u-pass>
- Email: [parking@unlv.edu](mailto:parking@unlv.edu)

### Designated Pick-up/Drop-off locations in UNLV

- Website: <https://www.unlv.edu/maps/rideshare-taxi-locations>
- Phone#: 702-895-1300



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## Curriculum Vitae

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### Education

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2017

**California State University of Northridge**

B.S. in Kinesiology with focus on Applied Fitness and Active Lifestyle Development

2011

**Kaplan College**

Certificate in Back Office Medical Assistance and X-Ray technician

### Related Work Experience

OT Level IIB Fieldwork - Kids Therapy Place, LLC

2023

Pediatric Home Health/ Private School-Based Practice

OT Level IIA Fieldwork - Spring Valley Hospital

2022

Acute

Samantha Han M.D. OBGYN office

2011-2019

Medical Assistant/Billing Supervisor

### Professional Affiliations

American Occupational Therapy Association

2021 – present

Student Occupational Therapy Association

2021 – present

### Teaching Experience

Glory Church of Jesus Christ

Korean School Teacher Volunteer - Children Age 8-17

2017 – present

### Institutional Service

Korean School Teacher Volunteer - Children Age 8-17	2017 – present
Glory Camp – Team member	2017 – 2021
Glory Church of Jesus Christ – Body Worship team	2016 – 2021

## **Grant Funding**

General UNLV OTD Program Fieldwork Assistance Scholarship for Level II	2023
General UNLV OTD Program Scholarship	2022
Glory Church of Jesus Christ Scholarship	2022
Glory Church of Jesus Christ Scholarship	2021

## **Scholarly Activities**

### **A. Manuscript**

1. Park, B., & John, S. Development of a Health Management Program for International Students and Scholars using Occupational Therapy Lens.

### **B. Scientific Presentation**

1. Park, B. Developing an Educational Session to Improve Health Insurance Literacy in International Students and Scholars. *Department of Brain Health Occupational Therapy, University of Nevada, Las Vegas Defense Meeting, Las Vegas, Nevada, September 2023.*
2. Park, B. Development of a Health Management Program for International Students and Scholars using Occupational Therapy Lens. *Department of Brain Health Occupational Therapy, University of Nevada, Las Vegas Defense Meeting, Las Vegas, Nevada, May 2024.*