Addressing Health Disparities in Medical Education

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Objectives

1. Summarize best practices for incorporating the longitudinal teaching of health disparities into an osteopathic medical school curriculum.

2. Develop evaluation plans to study the influence of this curriculum on faculty and student knowledge, attitudes and beliefs toward health disparities and in particular towards people experiencing homelessness.

3. Describe the AACOM grant-funded study evaluating student and faculty attitudes toward people experiencing homelessness using the Health Professional’s Attitude Towards the Homeless Inventory (HPATHI).

4. Generate a plan for incorporating the longitudinal teaching of health disparities at workshop attendee’s home institution.
Our mission

At ATSU-SOMA, our mission is to prepare community- and research-minded osteopathic physicians who **serve the unmet healthcare needs of society** through innovative, learner-centered undergraduate and graduate medical education programs.

Selection of students, faculty, and staff, as well as our curriculum, are geared toward our mission of **service to the underserved**.
Our “unique” curriculum

Beginning in Year 2, the students begin rotating with preceptors in one of 12 community health center campuses around the nation.

While didactic instruction continues, patient interaction, professionalism, ethics, preventive medicine, and communication skills are emphasized in years 2-4.
Addressing Health Disparities in Medical Education

OMS 1
- Working with standardized patients, poverty simulation, resource familiarity, didactic presentations focusing on awareness

OMS 2
- Group project partnered with community health centers, didactic presentations focusing on timely and pertinent issues in the community

OMS 3 and 4
- Rotation experiences, Circle the City Medical Center
Introduction to SDH

OMS-I
Social Determinants of Health

The social determinants of health are the conditions (the physical environment) in which people are born, develop, learn, work, age, receive health care, and are represented politically.

- These circumstances are shaped by the distribution of money, power and resources at local, national, and global levels.
- The social determinants of health largely determine health inequities - the unfair and avoidable differences in health status seen within and between different cultures.
Questions for Patients:

Have you been without a home at any time in the past year?

Has there been a time in the past 6 months when someone in your home skipped at least one meal because there wasn’t enough money to buy food?

Who prepares meals in your home?

Can you safely walk in your neighborhood?

How do you get your medications (ex: online, neighborhood pharmacy, samples) and who gets them for you?
Assessment - Question:

A 44 year-old man presents for fatigue. During history taking, the patient states that he gets his food from the Circle K near his apartment since there is not a supermarket near his home. He tells you “I eat well.” He says he has been looking for a job for months and survives on a disability check he gets monthly after being hurt on the job at a construction site. Of the following questions, which is most appropriate to ask?

A) “Are you having any luck finding a job?”
B) “Do you feel safe in your neighborhood?”
C) “Can you tell me the types of food you are eating?”
D) “If I give you a prescription today, will you be able to get it filled?”
E) “What type of injury did you have at your construction site?”
Poverty Simulation
Participating in the Poverty Simulation was beneficial to my education.

- Strongly Agree: 68.35% (n = 54)
- Somewhat Agree: 27.85% (n = 22)
- Somewhat Disagree: 3.8% (n = 3)
- Strongly Disagree: 0%
Participating in the Poverty Simulation has increased my awareness of the challenges faced by low income individuals and families.

- Strongly Agree: 65.82% (n = 52)
- Somewhat Agree: 27.85% (n = 22)
- Somewhat Disagree: 3.8% (n = 3)
- Strongly Disagree: 2.53% (n = 2)

% of Students (N = 79)
Participating in the Poverty Simulation has further motivated me to develop skills and broaden my knowledge of available resources to assist my future patients.

- **Strongly Agree**: 74.68% (n = 59)
- **Somewhat Agree**: 24.05% (n = 19)
- **Somewhat Disagree**: 1.27% (n = 1)
- **Strongly Disagree**: 0%
How are you teaching about the social determinants of health and health disparities at your institution?
Community Health Research

OMS-II
Student-Led Community Oriented Primary Care (COPC) Projects

One way we can give back to our community health center (CHC) campuses.

Must be related to CHC priorities.

Important to our shared mission with the National Association of Community Health Centers (NACHC).
Community Oriented Primary Care
4 COPC Steps

1. Define the community of interest

2. Identify the health problem

3. Develop and implement interventions

4. Conduct ongoing evaluation (of process and outcome)
Types of Projects

◦ Best Practice or Innovations
◦ Community Service
◦ Quality Improvement
Mini-Doc Program: Waianae, HI
Community Impact

Dear Big Docs,
Thank you for teaching me things about my body and I am learning about the lungs it was cool. I hope you are getting this and I hope everyone have a good day.

Dear Doctors,
Thank you for coming to Kamala Academy and teaching our 3rd grade class. My favorite activity was asthma and that thing that can infect asthma like dust.

What is a Mini Doc? A Mini Doc is a young student that is learning how to be a health expert. Don’t let their size fool you! They care about their families, friends and their community. They want to see everyone living a happy and healthy life. We hope you will let them be their “first patients” and let them leave a healthy impact!

What did I learn from my Mini Doc?
I learned to control my anger, to not have a heart attack.

How do you know student:
He is my friend.

Student Name: _________________________

Protected

Don’t forget to bring this form back to school!!
COPC Toolkit

TABLE OF CONTENTS

How to Use This Toolkit ........................................... 7
Statement of Academic Integrity ........................................... 3
Introduction to Community-Oriented Primary Care ............... 4
PROJECT PREPARATION
Preparing for Your Project ........................................... 5
Needs Assessment Resources ........................................... 7

ANNOTATED BIBLIOGRAPHY
Annotated Bibliography - Guide to Guidebook Rubrics .......... 10
Annotated Bibliography - Guide to Scoring Rubrics .............. 13
PROJECT PROPOSAL
Proposal - Instructions ........................................... 15
Proposal - Scoring Rubrics ........................................... 21

APPLICATION
Introduction to the Form ........................................... 24
Application Form Instructions ........................................... 26
Authentic Guidelines ........................................... 29
PROJECT COMPANION
Abstract Poster - Instructions ........................................... 31
Abstract Poster - Scoring Rubrics ........................................... 33
Resources on How to make a Poster ........................................... 38

HOW TO PREPARE FOR YOUR PROJECT

The community project will follow the elements of COPC. As a team, you will identify a need, develop or expand an intervention and plan methods for evaluating the process and the outcomes.

Each community project must focus on the social determinants of health relevant to your community, and be related to the priorities of your CMC.

To develop your project and ensure you are meeting these standards, please visit by reviewing the list of needs assessment resources. You should utilize these resources to address the makeup of the community, identify areas of need and discover the barriers and resources to addressing the identified issue.

You will also need to talk with CMC stakeholders. Each group is required to perform 3 interviews with providers, CMC medical staff, CMC staff, or community members.

Needs Assessment Resources

A list of needs assessment resources can be found on the following pages. Each resource is provided with a description and the website to access it. Review the resources to identify what will best suit your needs. You should be looking for data on the demographics of your community, the existing social determinants of health, ISS measures from your CMC, and other information relevant to your interests and the needs of the community. These resources can help you identify an issue to address and populations to target in order to achieve the most successful results.

CMC Interview Form Instructions

Each group team is required to perform a minimum of 3 and a maximum of 5 CMC stakeholder interviews. The first interview should be with your associated faculty advisor who will help you identify topics of interest and CMC stakeholder interviews. The second interview should be with someone in CMC leadership, such as the CEO, CMO or other CMC director. The third interview should be an opportunity to connect with the community by interviewing a CMC board member from your community or a community program director or participant.

After completing your 3 required interviews, draft a list of at least 2 topics of interest and any potential programs or interventions you might work on. The course director will review your topics and provide recommendations. You will then be required to bring your ideas back to CMC leadership before deciding on a topic. This is step is important because it is essential to have CMC leadership supportive of your project. When CMC leadership are engaged, they can provide resources and assistance.

Click the link here to access the interview form. To complete, submit your form to the appropriate area box on Blackboard. This form will be due on

Preparing for your Project page 5
Why is this important?

Improve the health of the community

Impact patients in the room and people who do not seek care

Chance to engage positively with the community

Opportunity to engage practicing providers, faculty, students and residents in scholarly work aligned with their passions and ideals
The New Physician

will be able to...

• work with inter-professional teams
• use technology and data
• communicate effectively
• focus on patient-centered, preventive, primary care
• work with community members & institutions
• integrate primary care and public health
• adapt, show resilience
AMA Accelerating Change in Medical Education Consortium

• ATSU SOMA was selected to join the consortium in 2016.
• We developed a COPC toolkit to help other schools teach students to conduct/evaluate projects.
• To request a toolkit:
What types of **community projects** are the students involved in at your institution?
Rotation Experiences

OMS-III AND OMS-IV
Circle the City Medical Respite Center

Overview
- 50 bed, free-standing medical respite center in Central Phoenix, AZ
- Staffed 24/7 by nurses (RN’s/LPN’s), respite assistants, and security
- Providers on-site 7 days/wk.
Homelessness and Health

Health Problems Cause Homelessness
- Medical conditions cause 62% of all personal bankruptcies in the United States

Homelessness Causes Health Problems
- Exposure to the elements, to violence, to communicable disease, to parasites
- Attenuation, malnutrition
- Circulatory complications
- Self-medication
Health Disparities

Rates of illness and injury 3-6 times higher among homeless than housed persons.

Life expectancy:

- US Population: 77 years
- Homeless in Boston: 47 years
- Homeless in Atlanta: 44 years
- Homeless in San Francisco: 41 years
- Homeless in Phoenix: 49 years


Medical Student Rotation Experience

What will the reader learn from this case report?

What is the social impact on healthcare for people experiencing homelessness?

Include the relevance to Osteopathic Medicine and Treatment.

How does this affect your perception on people experiencing homelessness?
Attitudes Toward People Experiencing Homelessness

Unfortunately, research suggests medical student attitudes towards people experiencing homelessness change negatively as they progress to graduation.¹

Negative attitudes toward the homeless population appear to progress and are more prominent among teachers than learners.²

This highlights the potential problem of physician/mentor attitudes affecting student development and demonstrates the importance of addressing this concern.
Please choose the option that best fits your feeling about the statement provided. Use the following scale for your answers.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Homeless people are victims of circumstance.</td>
<td><img src="1" alt="Blank" /></td>
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<td>2.</td>
<td>Homeless people have the right to basic health care.</td>
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<td>3.</td>
<td>Homelessness is a major problem in our society.</td>
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<td>4.</td>
<td>Homeless people choose to be homeless.</td>
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<td>5.</td>
<td>Homeless people are lazy.</td>
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<td>7.</td>
<td>I am comfortable being a primary care provider for a homeless person with a major mental illness.</td>
<td><img src="1" alt="Blank" /></td>
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<td><img src="3" alt="Blank" /></td>
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<td>8.</td>
<td>I feel comfortable being part of a team when providing care to the homeless.</td>
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<td>9.</td>
<td>I feel comfortable providing care to different minority and cultural groups.</td>
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<td>10.</td>
<td>I feel overwhelmed by the complexity of the problems that homeless people have.</td>
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<td><img src="3" alt="Blank" /></td>
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<td>11.</td>
<td>I understand that my patients' priorities may be more important than following my medical recommendations.</td>
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<td>12.</td>
<td>Doctors should address the physical and social problems of the homeless.</td>
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<td><img src="3" alt="Blank" /></td>
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<td>13.</td>
<td>I entered medicine because I want to help those in need.</td>
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<td>14.</td>
<td>I am interested in working with the underserved.</td>
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<td>15.</td>
<td>I enjoy addressing psychosocial issues with patients.</td>
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<td>16.</td>
<td>I resent the amount of time it takes to see homeless patients.</td>
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<td>17.</td>
<td>I enjoy learning about the lives of my homeless patients.</td>
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<td>18.</td>
<td>I believe social justice is an important part of health care.</td>
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<td>19.</td>
<td>I believe caring for the homeless is not financially viable for my career.</td>
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Health Professional’s Attitude Towards the Homeless Inventory (HPATHI)

Given to all students, faculty (including preceptors), and staff

Early results are promising that student attitudes are not becoming more negative and in some cases more positive

Faculty and preceptors seem to mirror student attitudes
Statistically Significant Results of ANOVA Comparing Attitudes Between OMS Classes
Statistically Significant Results of ANOVA Comparing Attitudes Between OMS Classes

I am comfortable being a primary care provider for a homeless person with a major mental illness

Most homeless people are mentally ill

Percent Agree

Strongly Disagree  Disagree  Neither Agree nor Disagree  Agree  Strongly Agree
Statistically Significant Results of ANOVA Comparing Attitudes Between Survey Groups

23.) Most homeless people tend to be drug addicts or alcoholics

24.) Caring for the homeless is pointless since they do not follow-up

27.) Most poor people have adequate access to health care through the public system

28.) My knowledge regarding the problem of homelessness is adequate

Agree

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

Sig. Pairwise differences:
A = 1 vs 2, B = 1 vs 2, 2 vs 3, C = all
*Signifies significance after collapsing to binary response.
Health Professional’s Attitude Towards the Homeless Inventory (HPATHI)

Comparison of our results to recent literature . . .

- SOMA clinical faculty to have more positive views on homelessness than ED faculty but more negative view than psychiatry faculty
- SOMA students consistently had more favorable view of homelessness than Canadian students at the same level
Attitudes Toward People Experiencing Homelessness – Future plans

◦ Continue following the class of 2019 and 2020 until graduation to evaluate possible changes longitudinally
◦ Evaluate the affect of OMT/OMM with perception of homelessness
◦ Address needs
  ◦ Further expansion of rotations serving people experiencing homelessness
  ◦ Healthcare education for non-clinical faculty and staff
◦ ??
At your table, generate a plan for incorporating the longitudinal teaching of health disparities at your institutions.
References


[http://www.urban.org/policy-centers/cross-center-initiatives/low-income-working-families](http://www.urban.org/policy-centers/cross-center-initiatives/low-income-working-families)