Podium Session C
Health Maintenance and Prevention in Special Populations
JOIN OUR SOCIAL MEDIA DISCUSSIONS

#XUDisparitiesCollabs
COOKING CLASSES FOR ADULTS AT RISK FOR DIET-RELATED DISEASES

AF Robert¹; SL Spiers¹; JL Richlie¹; LA Griffiths¹; DL Williams¹; JS Meyer²

¹ Louisiana State University Health Sciences Center-New Orleans School of Public Health
² Second Harvest Food Bank
Food Insecurity in New Orleans

- 24% food insecurity rating
- 6th for per-meal food costs among counties with the highest rates of food insecurity
- Limits household access to affordable, healthy food options
- Makes chronic diseases difficult to manage
Methods

Curriculum:
- Share Our Strength No Kid Hungry Cooking Matters (CM) curriculum from Second Harvest Food Bank (SHFB)
- 6 week course with 5 nutrition lessons/cooking demonstrations and 1 grocery store tour

Volunteers:
- Interdisciplinary team of students from LSU Health New Orleans
- Total 9 student volunteers (SPH, OT, PT)

Participants:
- Total 21 adult participants
- Tulane/Gravier: 88% minority, 50.5% poverty
- Treme/Lafitte: 82.6 minority, 44.3% poverty
Post-Class Phone Interview Results

Question: Has how often you typically eat these foods changed after you took CM?

- Fruits: Increased (5), Remained the same (3)
- Vegetables: Increased (5), Remained the same (3)
- Green Salads: Increased (4), Remained the same (4)
- Cooked Beans: Increased (5), Remained the same (3)
- Grilled Meals: Increased (5), Remained the same (3)
- Whole Grains: Increased (5), Remained the same (3)
- Restaurant Meal: Decreased (8)

Question: Please rate how much you agree/disagree with the following statements.

- It is too much work to cook: Strongly Agree (1), Agree (6), Neither (1)
- I am confident that I can buy healthy foods for my family on a budget: Strongly Agree (1), Agree (6), Neither (1)
- I am confident that I can cook healthy foods for my family on a budget: Strongly Agree (1), Agree (6), Neither (1)
- I enjoyed the Cooking Matters classes: Strongly Agree (1), Agree (6), Neither (1)
- I plan to share things I learned from this course with my family or friends: Strongly Agree (1), Agree (6), Neither (1)
Sources

- Gunderson, C., et al. (2014). Feeding America, Map the Meal Gap: Highlights of Findings for Overall and Child Food Insecurity
PODIUM PRESENTER

Samantha Karlin
Transforming Education from the Bottom Up: The Interprofessional Student Alliance (IPSA)

Samantha Karlin, student, Louisiana State University School of Medicine New Orleans
Catherine Chappuis, student, Louisiana State University School of Medicine New Orleans
Hunter Hopkins, student, Louisiana State University School of Medicine New Orleans
Eleanor Olson, student, Occupational Therapy, Louisiana State University School of Allied Health
The gap

50th in State Health
47th in Health Care Coverage

Higher rates of:
- Teen pregnancy
- Obesity
- Heart disease
- Children living in poverty
- Homelessness

LSU Health New Orleans:
- Enrollment: 2,700
- Majority of students stay in Louisiana
- Six professional schools
Our solution: IPSA

Leadership
• Student-run idea “incubator”
• Interprofessional leadership development workshops and events

Service
• Coordinates student-initiated projects
  • New Orleans Women’s Shelter Outreach
  • Smart Café
  • NOLA Hotspotters
  • New Orleans Adolescent Reproductive Health
  • Diabetes Internal Medicine Clinic
  • New Orleans Medical Innovators
  • Cooking Matters
  • Sensory Friendly Night
• Student volunteers staff and run all projects
• Funding
  • AOA Service Leadership Award and LSUHSC Health Foundation donations
IPSA
Organizational Hierarchy
Next steps

1. Continue to grow IPSA membership
2. Empower new student leaders
3. Encourage the formation of new service projects
4. Recommend implementation of IPSA-type organizations in more university settings
5. Increase the number and scope of student-driven interprofessional service projects nationwide
An Innovative Healthcare Disparities Curriculum for Internal Medicine Residents Emphasizing the Impact of Social Determinants of Health

A presentation by
Shagufta Ali, M.D., FACP

Co-authors:
Kavitha Kesari, M.D.; Susan J. Smith, M.D.; Parul Sud, M.D.
McLaren Flint Medical Center, Flint, Michigan

New Orleans, Louisiana • March 17, 2017
Objectives

• Define health disparities
• Significance of teaching about the health disparities in residency education
• Describe need assessment at national and local level
• Describe the components of Disparities Curriculum
• Describe the possible strategies in clinical practice to reduce health disparities
• Describe the role of community resources to combat health disparities
Background

• The CDC defines health disparity:
  • as “preventable differences in disease burden and in opportunities for optimal health that are experienced by socially disadvantaged populations”.

• Healthy People 2020:
  • “A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

• Addressing disparities has become one of the nation’s highest healthcare priorities.
Disparities: Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group.

2014 Report: Disparities remained prevalent across a broad spectrum of quality measures.
Perceptions of Disparities in Health Care

Generally speaking, how often do you think our health care system treats people unfairly based on...

Percent Saying “Very/Somewhat Often”

<table>
<thead>
<tr>
<th>Factor</th>
<th>Doctors</th>
<th>The Public</th>
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<tbody>
<tr>
<td>Whether or not they have insurance</td>
<td>72%</td>
<td>70%</td>
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<tr>
<td>How well they speak English</td>
<td>43%</td>
<td>58%</td>
</tr>
<tr>
<td>What their race or ethnic background is</td>
<td>29%</td>
<td>47%</td>
</tr>
<tr>
<td>Whether they are male or female</td>
<td>15%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation, National Survey of Physicians, March 2002 (conducted March-October 2001); Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences, October 1999 (Conducted July – Sept., 1999)

Return to KaiserEDU.org
Social Determinants of Health

POPULATION HEALTH

Physical Environment
- Environmental quality
- Built environment

Socio-Economic Factors
- Education
- Employment
- Income
- Family/social support
- Community safety

Health Care
- Access to care
- Quality of care

Health Behaviors
- Tobacco use
- Diet & exercise
- Alcohol use
- Unsafe sex

Source: Adapted from the University of Wisconsin Population Health Institute's County Health Rankings model ©2010; http://www.countyhealthrankings.org/about-project/background
Social Determinants of Health

• The drivers of health that are connected to social conditions

• The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness

• These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

• SDH are estimated to account for 70% of avoidable mortality

McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Affairs*. 2002; 21:78-93
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social Integration</td>
<td>Health Coverage</td>
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<tr>
<td></td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
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<tr>
<td></td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<td></td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Quality of care</td>
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<tr>
<td></td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
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<td></td>
<td>Walkability</td>
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</table>

**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

“Does your ZIP code matter more than your genetic code?”
National Need

• ACGME (Accreditation Council for Graduate Medical Education) requires that a resident must demonstrate knowledge of... social-behavioral sciences, accountability to patients, society, and the profession; and, sensitivity and responsiveness to a diverse patient population...

• Clinical Learning Environment Review (CLER) demands that teaching institutions develop educational content that is intended to illuminate disparities and convey strategies that could potentially mitigate them.

• As curricula in GME continuously expand, education pertaining to health disparities and social determinants is still a low priority... in spite of its dire need to be addressed.

2. The ACGME’s Next Accreditation System- “CLER Pathways to Excellence”. 2014
Yet, residents are not prepared...

- New Immigrants
- Patients whose religious beliefs conflict with Western Medicine
- Patients with distrust in our medical system

Local Need

- My program had **NO** formal curriculum for healthcare disparities
- Direct observations
- Resident’s frustration in dealing with non-adherent patients (? socially disadvantaged)

The *Mini-CEX* is a 10 to 20 minute direct observation assessment or “snapshot” of a trainee-patient interaction
## Genesee County (GE)

<table>
<thead>
<tr>
<th>County Demographics</th>
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<tbody>
<tr>
<td>Genesee County</td>
<td>Michigan</td>
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<tr>
<td>Rank</td>
<td>(of 83)</td>
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### Health Outcomes

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<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Health Outcomes</td>
<td>82</td>
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</table>

### Length of Life

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<tbody>
<tr>
<td>Length of Life</td>
<td>80</td>
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<p>| | |</p>
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<th></th>
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<tbody>
<tr>
<td>Premature death</td>
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<td>9,400</td>
<td>7,200</td>
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### Quality of Life

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<tbody>
<tr>
<td>Quality of Life</td>
<td>81</td>
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</table>

Additional Health Outcomes (not included in overall ranking)
Flint, MI Demographics
Curricular Goals

✓ To educate the residents about healthcare disparities and social determinants of health

✓ To provide the residents advanced skills and support to care for the disadvantaged populations.
Curriculum Development

1. Conducted a needs assessment
2. Faculty development session (Summer 2016)
3. Derived course goals and structure
4. Specified curriculum contents
5. Created instructional materials
6. Disseminated curriculum components
   i. Workshop (August 2016)
   ii. Reflective essays (Jan. 2017)
McLaren Health Care, Flint
Internal Medicine Residency Program

36 residents in 3 years training

Flint patient population
Curricular Overview

Interactive Workshop

Exploring Social Ecology of Patients S.E.L.F.

Residents' Reflections on Healthcare Disparities

Free Clinic visits and Free Health Screenings at Community Church
Instructional Strategies

Explanation
Demonstration
Practice
Feedback
Instructional Strategies

- An interactive workshop (4 hours) by 4 faculty members covering all the content areas by use of didactic lectures plus:
  - Social identities exercise

- Small Group interview session with volunteer patients during workshop:
  - Approach to Social Barriers to Care.
  - (S.E.L.F. Questionnaire)

- Resident’s personal reflection essays expressing an experience about a specific patient
- Discussed in small group settings in a pre-clinic conference.
# Workshop Content

<table>
<thead>
<tr>
<th></th>
<th>Topics</th>
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<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<td>Diversity: Grasping at Differences</td>
</tr>
<tr>
<td>3</td>
<td><strong>Small Group Activity:</strong> Cultural Dimensions of identity: Role plays and discussion</td>
</tr>
<tr>
<td>4</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td>5</td>
<td>Health Disparities: Access to Care</td>
</tr>
<tr>
<td></td>
<td>Break</td>
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<tr>
<td>6</td>
<td><strong>Small Group session with patients</strong> Approach to Social Barriers to Care. S.E.L.F.</td>
</tr>
<tr>
<td>7</td>
<td>Describe the possible strategies in clinical practice to reduce health disparities</td>
</tr>
<tr>
<td>8</td>
<td>Community Resources to overcome Disparities</td>
</tr>
<tr>
<td></td>
<td>Representative from a local Hispanic welfare organization</td>
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<tr>
<td>9</td>
<td>Evaluations and Q/A</td>
</tr>
</tbody>
</table>
2 months later

Post-Workshop Survey.
# Residents' Self-Perception Survey to Assess their Understanding & Ability to Apply the Concepts of Health Disparities Curriculum in their Practice

<table>
<thead>
<tr>
<th>Q#</th>
<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>Discrimination and prejudice in healthcare.</td>
</tr>
<tr>
<td>2</td>
<td>The causes of healthcare disparities in U.S.</td>
</tr>
<tr>
<td>3</td>
<td>Populations at greater risk for hypertension, diabetes and HIV.</td>
</tr>
<tr>
<td>4</td>
<td>Potential solutions to healthcare disparities in U.S.</td>
</tr>
<tr>
<td>5</td>
<td>History of health care for African Americans in the United States.</td>
</tr>
<tr>
<td>6</td>
<td>Demographics of Flint population.</td>
</tr>
<tr>
<td>7</td>
<td>Social determinants of health.</td>
</tr>
<tr>
<td>8</td>
<td>Health Statistics of Genesee County.</td>
</tr>
<tr>
<td>9</td>
<td>The hospitals, community health centers, and free clinics in Flint that serve uninsured patients and undocumented immigrants.</td>
</tr>
<tr>
<td>10</td>
<td>Community resources to help patients in Flint area.</td>
</tr>
</tbody>
</table>

Results

Survey response rate was 55%.

Most of the residents reported their self-perceived competence as “good” or “very good”.
S-E-L-F: An Approach to learn about Social Barriers to Care

Social determinants of health are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness.

Social context review of systems is considered to be an efficient way to learn about social barriers to care. You can understand your patients better by this approach. Ask these questions to your patients in a sensitive manner.

**S = Social Stressors and Sources of Support**
1. Most people I see are facing stresses in their lives that could affect their health. What is causing the most stress in your life? How do you deal with this?
2. Do you have friends or relatives that you can call on for help? Do they live with you or close by?

**E = Environment and Experiences of Medical Care**
1. Where are you from originally? When did you come to this (country, city, or town)? Do you like to live in this place?
2. Would you describe your neighborhood and generally is it safe or unsafe? How safe would you say you feel doing activities in your neighborhood such as walking or shopping?
3. Can you generally find a good variety of fruits and vegetables at your local grocery store?
4. How easy is it for you to find the goods or services you want in your neighborhood (e.g. public transportation, banking, health care facilities, clothing, food, etc.)?
5. What have your experiences with medical care been like for you? Can you describe the way your doctor interacts with you and has affected your approach to health care?

**L = Life Control and Literacy**
6. Do you ever feel that you’re not able to afford food, medications, or other things you need?
7. Did you ever have difficulty getting access to your doctor or hospital services? (Loss of medical insurance, high copays, deductibles.)
8. Do you feel that you have the ability to affect your own health (or particular medical condition), or is it out of your control?
9. Do you ever feel that you have been treated unfairly by the health care system for any reason (e.g., socioeconomic status, insurance status, race/ethnicity, language, etc.)
10. How do you keep track of appointments, medications?
11. Do you ever have trouble reading your medication bottle’s, instructions or other patient information?

**F = Faith in the Facts and Family Beliefs**
1. What do you think is the cause or causes of your (symptoms or particular medical condition)? What does your family think about this?

Reflective Learning from a patient

During my inpatient rotation, we came across a patient with poorly controlled DM-2 and HTN. He is a 45 years old African-American man following up with his PCP for his DM & HTN. He started having proteinuria and CKD from his DM & HTN. He doesn’t take the medications as prescribed by the physician and he sometimes overtook it and became hypotensive and hypoglycemic. He was labeled as “Non-compliant patient”. He lives alone and socioeconomic condition is poor. Sometimes, he cannot afford the copay. He got admitted to hospital multiple times for hypertensive urgency & poorly controlled DM, and was admitted for the same reason. We asked him why he was not taking his medication. He had multiple reasons for that including that he was busy, he can’t afford copay, there is nobody to remind him about medications. But most importantly, there was one thing he didn’t tell his physician; he has difficulty reading the instruction on the bottle. He blamed it to his poor vision but he is also unable to read upon further questioning. He doesn’t want to disclose information regarding his literacy. He asked his doctor and pharmacist for the instruction but after sometime, he forgot the exact instructions how many tablets or how many times a day he is supposed to take. So, we discharged him home with home health care to help him take the right medication at the right dosage.

In our health care system, patients are sometimes easily labeled as “Non-compliant”, rather than figuring it out why they are non-compliant and trying to help them.
Personalized Strategies to Activate and Empower Patients in Health Care and Reduce Health Disparities

Delivery System
- Access
- Insurance
- Payment system
- Organizational structure

Policy
- Knowledge
- Personalized PAE
  - Race/Ethnicity
  - Demographic factors
  - Socioeconomic factors
  - Clinic needs
  - Culture and language

Medicine
- Health Care Providers
  - Physicians, nurses, pharmacists
  - Trust
  - Communication

Patient
- Confidence
- Self-determination

Public Health
- Community
  - Family
  - Neighborhood
  - Social support
  - Health care resources

Outcomes
- Improved Health, and Reduced Health Disparities
Community Setting

IM residents and faculty assess and treat the uninsured/underserved population three half days every week

Residents at community church health fair and screening
Community Resources

Meals on Wheels

Medication Dispenser
Commit to Fit

Focused on improving the health and health behaviors of Genesee County’s residents by using simple consistent messages about being physically active.
# March 2017 Fitness Calendar

**FREE Commit to Fit Class Schedule**

Commit to Fit offers fitness classes at no cost to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details. Click HERE to Access the Nutrition Education & Resources Calendar.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>Enhance Fitness Harschlabing, Senior Center 6:00 a.m.</td>
<td>Enhance Fitness Fist Farmers’ Market 10:00 a.m.</td>
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<td>Zumba Gold (Beginner)</td>
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**MARCH 2017**

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<tr>
<td>Senior Stretch YMCA Downtown 10:00 a.m.</td>
<td>Arthritis Foundation Exercise Program Forest Township Senior Center 10:00-11:00 a.m.</td>
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<tr>
<td>Aqua Fitness U of M Flint Rec Center 5:30-8:30 pm</td>
<td>Fit Walking U of M Flint Rec Center 5:30-8:30 pm</td>
<td>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00 a.m.</td>
<td>Zumba Gold (Beginner)</td>
<td>Zumba Gold (Beginner)</td>
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<tr>
<td>MONDAY</td>
<td>TUESDAY</td>
<td>WEDNESDAY</td>
<td>THURSDAY</td>
<td>FRIDAY</td>
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<tr>
<td>Mobile Food Distribution</td>
<td>Hispanic Tech Center 10:00 am</td>
<td>Partner Cooking Demo</td>
<td>Flint Farmers’ Market 12:00 pm</td>
<td>Mobile Food Distribution</td>
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<tr>
<td>Mass Food Delivery</td>
<td>Salvation Army 10 am</td>
<td>Mass Food Delivery</td>
<td>Foss Ave. Baptist Church 10 am-12 pm</td>
<td>Mass Food Delivery</td>
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<td>Mobile Food Distribution</td>
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<tr>
<td>Mass Food Delivery</td>
<td>Salvation Army 10 am</td>
<td>Mass Food Delivery</td>
<td>Greater Flint Outreach 10 am</td>
<td>Mass Food Delivery</td>
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</tbody>
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**Legend:**
- = Nutrition Education/Grocery Store Tours
- = Nutrition Education at the Flint Farmers’ Market
- = Food Distribution Sites
- = Mobile Food Giveaways
<table>
<thead>
<tr>
<th>CHALLENGE</th>
<th>DATES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YEAR, NEW YOU!</td>
<td>January 1&lt;sup&gt;st&lt;/sup&gt; - February 28&lt;sup&gt;th&lt;/sup&gt; 2017</td>
<td>A two month, individual challenge taking place. Participants share a common goal of increasing daily physical activity in the New Year.</td>
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<tr>
<td>ACTIVE SCHOOLS CHALLENGE</td>
<td>March 1&lt;sup&gt;st&lt;/sup&gt; – March 31&lt;sup&gt;st&lt;/sup&gt; 2017</td>
<td>A one month, individual school-based challenge taking place. A challenge that focuses on promoting physical activity in local schools by giving students the chance to take part in a &quot;Healthy&quot; competition.</td>
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<tr>
<td>WALK TO WELLNESS CHALLENGE</td>
<td>May 1&lt;sup&gt;st&lt;/sup&gt; – May 31&lt;sup&gt;st&lt;/sup&gt; 2017</td>
<td>A one month, individual challenge taking place. A challenge that focuses on promoting overall wellness through a variety of health behaviors and healthy communications.</td>
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<td>Shape Up Your Plate Challenge</td>
<td>July 1&lt;sup&gt;st&lt;/sup&gt; – July 31&lt;sup&gt;st&lt;/sup&gt; 2017</td>
<td>A one month, individual challenge taking place. A challenge that promotes improved nutrition choices with a special focus on fruits and vegetables.</td>
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<tr>
<td>Fall 4 Fitness Challenge</td>
<td>October 1&lt;sup&gt;st&lt;/sup&gt; - October 31&lt;sup&gt;st&lt;/sup&gt; 2017</td>
<td>A one month, business-to-business challenge taking place. A challenge designed to increase physical activity among employees while promoting cooperation and teamwork.</td>
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<tr>
<td>Healthy Holidays Challenge</td>
<td>November 13&lt;sup&gt;th&lt;/sup&gt; – December 10&lt;sup&gt;th&lt;/sup&gt; 2017</td>
<td>A four week, individual challenge taking place. A challenge focusing on promoting health and happiness during the holiday season through practicing various health behaviors.</td>
</tr>
</tbody>
</table>

= indicates business-to-business challenge
COMMIT TO FIT! MOBILE APPLICATION

CoreHealth Mobile
Discussion

- Although, overall spending on social services and healthcare in US is comparable to other developed countries, the US spends less on social services, more on health care delivery and has poorer outcomes.

- The Affordable Care Act has some provisions to fill the gap between the healthcare system and community health.

- Medicaid payment initiatives to address the social determinants of health.

- A lesser amount of patient engagement in wellness and prevention may be a factor in the greater observed severity and disease burden among minorities

- Engaging and empowering patients to actively participate in their care can help achieve the goal of improving health care delivery system quality and efficacy.
Conclusion

• This curriculum intends to develop competent physicians, committed and prepared to address healthcare disparities.

• Integrating social determinants of health into residency curriculum can promote residents’ engagement in addressing health disparities.

• Further need for tools to evaluate the impact of such curricula in the real world.
Future Steps

• We will plan the health disparity workshop annually
• We will continue S.E.L.F. questionnaire based self-reflections bi-annually in the continuity clinic
• Educate and refer the patients to community resources (commit-to-fit)
• A new QI initiative to bridge the Health Literacy gap among our patient population
• Obesity group visits monthly in clinic
References


• The Institute of Medicine. Unequal Treatment: Confronting racial and ethnic disparities in health care (2002)

• McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Affairs. 2002; 21:78-93


Thank You