Health Disparities Education – The Time Is Now

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If differences in health outcomes are seen between populations, a disparity exists. However, there have been disagreements on the exact definition of a health disparity. The National Institutes of Health’s definition in 2000 was: “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” The Institute of Medicine’s 2002 definition included “racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention.” In an updated definition, Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Despite these differences in definitions, medical schools have a responsibility to work towards reducing health disparities by graduating culturally competent students who receive appropriate education around health disparities and social determinants of health, and are involved in community-based programs that stress an understanding of these principles and include training in a setting that truly affects outcomes. It is, therefore, imperative for medical schools to develop curricula to improve students’ understanding of health disparities and provide the tools to help them engender change.

In this issue of the Rhode Island Medical Journal focused on medical education, we have devoted the entire section to highlight curricular innovations and future directions at the Warren Alpert Medical School around health disparities, and to elucidate selected initiatives at the Brown University School of Public Health. These innovative curricular approaches have exposed our medical students to the societal implications of health disparities, especially for patient populations that lack access to health care or encounter barriers that prevent them from taking advantage of existing opportunities. However, there is a need for additional student experiences with vulnerable patient populations that may also include those patients for whom there may be a lack of regional expertise to provide appropriate care. Further efforts are needed to foster these ideals in our students. This will include initiatives to further promote inter-professional education and engage students in field experiences with patient populations in whom positive outcomes can be assessed and challenges can be overcome. Physicians must assume a role as champions of social justice, which must begin during medical school and be maintained throughout their careers.

References

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