

# Future Health Disparity Initiatives at the Warren Alpert Medical School of Brown University

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## ABSTRACT

As the United States embarks on health care reform through the Affordable Care Act (ACA), the knowledge, skills and attitudes necessary to practice medicine will change. Education centered on health disparities and social determinants of health will become increasingly more important as 32 million Americans receive coverage through the ACA. In this paper, we describe future initiatives at the Warren Alpert Medical School of Brown University in training medical students on health disparities and social determinants of health through mechanisms such as the Primary Care-Population Medicine Program, the Rhode Island Area Health Education Center, the Scholarly Concentration program and other mechanisms.

**KEYWORDS:** Education, medical, undergraduate; Students, medical; Curriculum; health disparities; social determinants of health

## INTRODUCTION

As the United States health care system embarks on the task of covering 32 million newly insured Americans through the Affordable Care Act, medical schools must re-examine how and what they teach their students. In addition, the increased complexity and diversity of the population seeking care requires that students understand how social determinants of health will affect their future practices. In 2011, the Association of American Medical Colleges (AAMC) report on Behavioral and Social Sciences for Future Physicians presented a list of recommended core competencies students were expected to reach by the end of medical school, which included understanding and integrating knowledge of social determinants of health into clinical practice.<sup>1</sup> At the same time, the AAMC began an Equity of Care campaign, which called for an elimination of health disparities nationally.<sup>2</sup> One of the main goals of this campaign was to increase health disparity education and cultural competency in the national medical workforce.

In the literature, there are multiple studies examining the impact of health disparity training on medical students and residents. A recent study examined the impact of a social

medicine-oriented curriculum versus a research-oriented curriculum on students' attitudes toward reducing health disparities; students in the social medicine-oriented curriculum had more positive attitudes toward reducing health disparities.<sup>3</sup> Another study demonstrated that students who participated in a longitudinal experience supporting interest in caring for underserved populations were more likely to enter primary care residencies and practice with underserved populations.<sup>4</sup> Finally, opportunities for students to engage in service learning with underserved populations improved student ability to comprehend ethical issues as well as develop critical thinking and knowledge around underserved populations.<sup>5</sup>

While the importance of teaching about health disparities and social determinants of health cannot be understated, there are multiple barriers to implementation in a medical school curriculum. Issues directly related to health disparities, such as patients' knowledge of social services and patients' cultural and spiritual values, are not commonly included in medical school, which may be due to an already full curriculum.<sup>6</sup> In addition, faculty may have received sparse training on cultural competency, and thus their comfort in teaching health disparities and social determinants of health may be limited.<sup>7</sup>

At The Warren Alpert Medical School of Brown University (AMS), there is increased momentum from both faculty and students to include curricula that will provide graduates with the knowledge, skills and attitudes necessary to address health disparities and social determinants of health in their practice. In the rapidly evolving health care system, medical students will need to navigate these complex issues on a daily basis to provide quality healthcare to a diverse population. Curriculum centered on health disparities and social determinants is currently in place for first- and third-year medical students through the Integrated Medical Sciences (IMS) Curriculum and Family Medicine clerkship, respectively (see Erlich et al and Anthony et al papers in this edition of the *Rhode Island Medical Journal*). However, there is recognition that more is needed in order to adequately prepare students for practicing medicine while taking into account health disparities and social determinants of health.

Here, we describe initiatives at AMS to further the health disparities and social determinants of health curriculum for medical students.



BROWN

The Primary Care–Population Medicine (PC-PM) program is an innovative, dual-degree curriculum that focuses on preparing students for a career in medicine while providing comprehensive, longitudinal training in population medicine. The program will prepare medical students for leadership roles in health care on the local, state, or national level in areas ranging from primary care clinical service to research, education, and health policy. This four-year program, **the first of its kind in the United States**, results in the awarding of both a Doctor of Medicine and a Master of Science in Population Medicine.

### PRIMARY CARE-POPULATION MEDICINE PROGRAM

The Primary Care–Population Medicine (PC-PM) Program is an innovative, dual-degree program that focuses on preparing students for a career in medicine while providing comprehensive, longitudinal training in population medicine, including a substantial focus on health disparities and social determinants. This four-year program, the first of its kind in the United States, results in the awarding of both a Doctor of Medicine and a Master of Science degree in Population Medicine. There will be 24 additional medical students admitted to AMS as part of this program.

Students in the PC-PM program will participate in a longitudinal integrated clerkship (LIC). In this clerkship model, students spend one half-day per week with a mentor in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry/neurology, and surgery over the course of one year. This clerkship model is currently being used in approximately 30 medical schools nationally and has outcomes similar to that of traditional clerkships.<sup>8</sup> Students will also spend time in the emergency department, where they will be the first provider to see, diagnose, and propose treatment plans for patients. In addition, students will be assigned their own panel of approximately 75–100 patients. Students will follow these patients to health care settings such as the operating room, labor and delivery floor, primary care office visits, rehabilitation, and home care. It is our hope that students will serve as navigators, helping these patients through the health care system and, as a result, reduce disparities by advocating for them through a complicated health care system.

As an additional component of the LIC, students will take two courses in population medicine. These courses, led by a

physician board certified in both Family Medicine and Preventive Medicine, will focus on the intersection of clinical medicine and population health. Students will learn about topics such as the medical care of homeless patients, incarcerated patients and vulnerable adolescents, focusing not only on medical care, but on the health care policies that affect the health of these individuals.

### HEALTH SYSTEMS AND POLICY

AMS is introducing a new Health Systems and Policy course for all first-year medical students. This course, led by a lawyer (ETT) with significant experience teaching in a medical school setting, will be integrated into both the Integrated Medical Sciences (IMS) and Doctoring (Introduction to Clinical Medicine) curriculum.

Through active learning opportunities, including case-based learning, team-based problem-solving exercises and small- and large-group discussions, this course will explore how multiple social determinants influence individual and population health; the laws and policies that shape the social environments in which patients live; and the role of physicians in advocating for systems and policy changes that will reduce health disparities and improve population health outcomes. Students will learn from experts from the health care system, as well as from state and local government community-based organizations and academics, who are working to address health disparities and social determinants.

Specific topics to be covered in the course include:

- Introduction to the United States Health Care System
- The American Health Care Paradox

- Introduction to Health Disparities
- The Role of Law and Policy in Health Disparities and Social Determinants
- Health, Poverty and Safety Net
- Immigrants: Language and Access Barriers
- Education as a Social Determinant of Health
- Food, Nutrition and Policy Responses to Obesity
- Aging Patients, Physicians and Caregivers: Roles, Responsibilities, and Decision-Making
- Limited English Proficient Patients: Civil Rights and Policies
- Health Housing Laws and Policy
- Asthma, Environmental and Social Risk Factors
- Racial and Socioeconomic Cancer Disparities
- Cancer – Insurance and Employment Issues
- Ethical and Legal Aspects of Genetic Counseling
- Occupational Health: Legal and Policy Protection for Workers

#### AREA HEALTH EDUCATION CENTER

The Rhode Island Area Health Education Center (RI AHEC) has been in existence since 2004, and has the following objectives<sup>9</sup>:

1. Recruit under-represented minority and disadvantaged students into the health professions through a broad range of programs.
2. Develop and support community-based interdisciplinary training of health profession students in underserved areas.
3. Facilitate and support practitioners, facilities and community-based organizations in effectively addressing critical local health care issues.
4. Provide continuing education and other services to improve the quality of community-based care.

AMS will implement these objectives through several strategies. For example, as part of the implementation of the PC-PM program, faculty met with premedical advisors from the University of Rhode Island (URI) and Rhode Island College (RIC) to promote the PC-PM program to underrepresented minority students from these two institutions. Second, we continue to develop and expand interdisciplinary and interprofessional training. Health professions students from the Schools of Nursing and Pharmacy at URI and the Colleges of Nursing and Social Work at RIC, along with medical students from AMS, bi-annually meet for workshops to promote interprofessional teamwork. In the future, these workshops will incorporate a greater emphasis on health disparities and social determinants of health. Finally, the AHEC will, in part, support the development of the PC-PM program as a whole and the aforementioned Health Systems and Policy course to provide opportunities for faculty and students to address critical local health care issues.

#### SCHOLARLY CONCENTRATIONS

As part of the Scholarly Concentration program at AMS, which enables students to gain knowledge and experience through research and project-based work,<sup>10</sup> students are increasingly focusing on issues related to health disparities and social determinants of health. Related scholarly concentrations include Advocacy and Activism, Caring for Underserved Communities, Health Policy, Medical Education, and Women's Reproductive Health. For example, a student in the Medical Education concentration is designing a health disparities workshop for second-year medical students in which students can integrate their knowledge of organ system pathophysiology with health disparities that may be contributing to the pathophysiology. A student, also in the Medical Education concentration, is working to set up a business plan framework to design free medical clinics in which individuals without insurance can get the health care they need at the social service agencies they frequent.

#### HEALTH DISPARITIES SYMPOSIUM

To further broaden health disparities education at AMS, students initiated the first Health Disparities Symposium in January 2014. Key stakeholders from across the Brown University campus and the greater Rhode Island community were invited to come together to identify and assess current efforts focused on health disparities. The goals of the symposium were as follows: (1) to describe the current landscape of curricular programs at Brown (many are mentioned above and in the accompanying Erlich et al article in this issue) focused on health disparities; (2) to identify gaps within existing educational, research and community-oriented health disparities programs; and (3) to solicit recommendations and ideas to create a more coordinated and comprehensive paradigm for teaching and addressing health disparities in our community. Christina H. Paxson, PhD, President of Brown University, served as the keynote speaker at the symposium. The health disparities symposium at AMS will now be an annual event intended to continue this dialogue.

#### CONCLUSION

The aforementioned AMS educational initiatives focused on health disparities and the social determinants of health are designed to augment a strong basic and clinical science curriculum. They are planned in order to train future physicians who are not only skilled in high-quality patient care, but also in identifying and advocating for systems and policy changes that will reduce health disparities and address social determinants at the population level. It is our hope that these initiatives, along with other AMS efforts described in this issue such as reforms to medical school admissions and the development of informal learning opportunities focused on underserved populations, will lead to improved health and health equity in Rhode Island and elsewhere.

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## Disclosures

None

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