

## Innovations in Family Medicine Education

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Feature Editor

*Editor's Note:* Send submissions to freemanj@uthscsa.edu. Articles should be between 500–1,000 words and clearly and concisely present the goal of the program, the design of the intervention and evaluation plan, the description of the program as implemented, results of evaluation, and conclusion. Each submission should be accompanied by a 100-word abstract. You can also contact me at Department of Family and Community Medicine, University of Texas HSC, San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900. 210-567-4553. Fax: 210-567-4579.

### A Senior Elective: Promoting Health in Underserved Communities

Marie Wolff, PhD; Staci Young; Cheryl Maurana, PhD

**Objectives:** A fourth-year service-learning elective was developed to teach medical students about the social, economic, and cultural factors that affect health and health-seeking behavior. **Description:** The elective provides students with didactic material and educational experiences in public housing sites in the community. Students work closely with community members to implement a community health care intervention. **Evaluation:** Students respond to 10 reflection questions that assess their understanding of the important community factors that affect health. **Conclusions:** Reflection responses demonstrate that the course has challenged assumptions, dispelled stereotypes, and enhanced awareness of the role of social factors in maintaining health.

(Fam Med 2001;33(10):732-3.)

#### Educational Objectives

Fourth-year medical students are in a unique position to combine their developing disease-based knowledge with a beginning understanding of the social, economic, and cultural factors that affect health.<sup>1</sup> These factors can present major barriers to effective health interventions if they are overlooked, misinterpreted, stereotyped, or mismanaged. We developed a fourth-year service-learning course that teaches medical students about the unique strengths of, and challenges facing, urban underserved communities that influence individual and

community health and health-seeking behavior. The community benefits from programs and services that are responsive to their needs and has the opportunity to have an impact on medical education.

#### Description

The 1-month service-learning elective provides a community-based, hands-on experience for students to work with public housing residents, complemented by readings and reflection. The public housing site for the intervention is selected from among 13 elderly and disabled high-rise developments and five family developments that are part of a community-academic partnership among the Center for Healthy Communities (CHC) in the Department of Family and Commu-

nity Medicine, the Housing Authority of the City of Milwaukee, and S.E.T. Ministry, Inc. Students have two options in selecting the month's activities: (1) meet with public housing residents to jointly assess community need and develop an intervention to address the identified need, (2) select from a list of CHC programs currently being developed or functioning in public housing. The students complete a questionnaire prior to the elective in which they indicate their preferences regarding type of community-based activity, health topics of interest, and work with children, adults, or the elderly. The health promotion activity thus varies by month depending on the need of the public housing development, the current partnership projects, and the interests of the student.

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From the Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin.

Students have also worked in collaboration with a Community Health Advocate (CHA) program that the community and academic partners have developed in one of the housing developments. The CHAs work in conjunction with on-site case managers to improve the health and quality of life for housing residents. This collaboration allows CHAs the opportunity to teach the students about their community and their perceptions of health, disease, experiences of illness, and health care. Students noted how accepting the CHAs were of their involvement, which provided them entrée into the community. Working with the CHAs allowed the students to challenge their assumptions about public housing residents and their role in the community. The CHAs and other community residents have provided important consultation and feedback to the students during project development and recruited residents to increase participation.

Students are given required reading relevant to the issues of the social determinants of health, cultural competency, socioeconomic status, unemployment, ethnicity, low literacy, and access to health care.<sup>1-6</sup> Students also record field notes in a journal, submitted at the end of the course, to stimulate reflection on what they are learning, experiencing, and observing throughout the month-long experience.

### Evaluation

Six students have participated in the elective in the last year. Completed projects have included the development of a community resource directory and the development and implementation of modules on cancer prevention, diabetes, lupus, and healthy lifestyles. The students have presented the modules to public housing residents and youth in Boys and Girls Clubs, assembled health promotion materials, and identified follow-up resources.

The course is evaluated through observation by faculty and community members and the completion of 10 reflection questions by students at the end of the elective. Housing residents complete an evaluation of student presentations based on their perception of the quality and organization of the presentation and whether it was appropriately geared to meet their needs and responsive to literacy and cultural factors in the community. Student reflection questions focus on the following topics: (1) assumptions that have been challenged and/or confirmed, (2) incidents that triggered distress/discomfort and/or connection with the community, (3) important lessons learned, (4) questions left unanswered, and (5) how the experience will affect future interaction with underserved patients.

Content analysis of the reflection questions indicates that several themes have emerged during this learning experience: (1) a new and/or increased awareness of the prevalence and impact of low literacy and the challenges of teaching basic health information to a low-literacy population (100%), (2) an understanding that patients' lack of adherence to treatment regimens can be due to a lack of understanding of physicians' instructions (83%), (3) recognition of the unconscious, and often incorrect, assumptions the students may have had concerning underserved populations, eg, that the underserved are less intelligent and are not employed (83%), (4) a recognition of the difficulty of maintaining health and seeking health care in the midst of significant negative social, economic, and environmental factors (100%), and (5) the recognition that there are strengths in all communities (100%).

Students reported that the course increased their understanding of the individual, family, and community issues that affect health status and health promotion activities in urban underserved communities. Comments demonstrated that the course

has provided new knowledge of how to better communicate with future patients, challenged assumptions, dispelled stereotypes, and illuminated the community strengths that exist in underserved areas. Students also expressed an increased desire to take a greater role in preventive health and education. Long-term evaluation will include follow-up surveys of community program participants, health outcome data specific to student program topics, and longitudinal follow-up of students who have participated in this elective to see if they are more likely to practice in underserved communities.

### Conclusions

This 1-month service-learning elective provides a hands-on, community-based experience for fourth-year medical students to work with public housing residents and local youth. Reflection responses from the students have demonstrated that the course has effectively enhanced awareness of the role of social factors in maintaining health.

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### REFERENCES

1. Andrulis D. Community, service, and policy strategies to improve health care access in the changing urban environment. *Am J Public Health* 2000;90(6):858-62.
2. Thompson R, Haber D, Fanuiel L, Krohn K, Chambers C. Community-oriented primary care in a family practice residency program. *Fam Med* 1995;28(5):326-30.
3. Pathman D, Steiner B, Williams E, Riggins T. The four community dimensions of primary care practice. *J Fam Pract* 1998;46(4):293-301.
4. Bayer W, Fiscella K. Patients and a community-oriented primary care project in an urban private practice. *Arch Fam Med* 1999; 8:546-9.
5. Huff R, Kline M. Promoting health in multicultural populations. A handbook for practitioners. New York: Sage, 1999.
6. Maurana C, Goldenberg K. A successful community-academic partnership to improve the public's health. *Acad Med* 1996;71(5):425-31.