

Background

Health Disparity (HD) is the difference in health outcomes between populations; the study of HD aims to decrease health inequity for disadvantaged populations.

Roughly speaking, differences in health outcomes between populations are due to genetic and biological differences, what interventions are available, and a person's access to care and risk factors. The last group is also known as the Social Determinants of Health (SDOH). SDOH includes factors like housing, transportation, racism, education, wealth and neighborhood. Family Medicine residents encounter SDOH daily in clinic and inpatient settings.

The ACGME requires residents to "conduct training according to the needs of the community," and a recent statewide mandate from Governor's office for all medical professionals to receive training in healthcare disparities

Methods

We built on a previous curriculum which taught residents to screen for SDOH, and about local and national HD topics with expert opinions. Instead of repeating the curriculum, it was revised to address residents' needs based on level of training

A pre-intervention assessment was conducted to assess residents' confidence in screening for SDOH, broken down by comfort discussing and knowledge of HD. Participants also defined HD in their own words and took a 10 item health equity quiz based on the curriculum.

Then, 12 lectures were re-written and split up by audience, either intern (year 1) or senior (year 2-3). Topics for interns included local, state, and national issues in HD, as well as our hospital's Community Health Needs Assessment. Topics for seniors included screening for SDOH, implicit bias, and cultural competence.

Lectures are being implemented and a post-intervention survey will be conducted.

Figures

Figure 1: Word cloud of responses to "Define health disparities in your own words."



Figure 3: Proportion of residents who felt a) HD is one of the top 5 issues in healthcare b) very knowledgeable about HD c) very comfortable discussing HD with peers and d) with patients

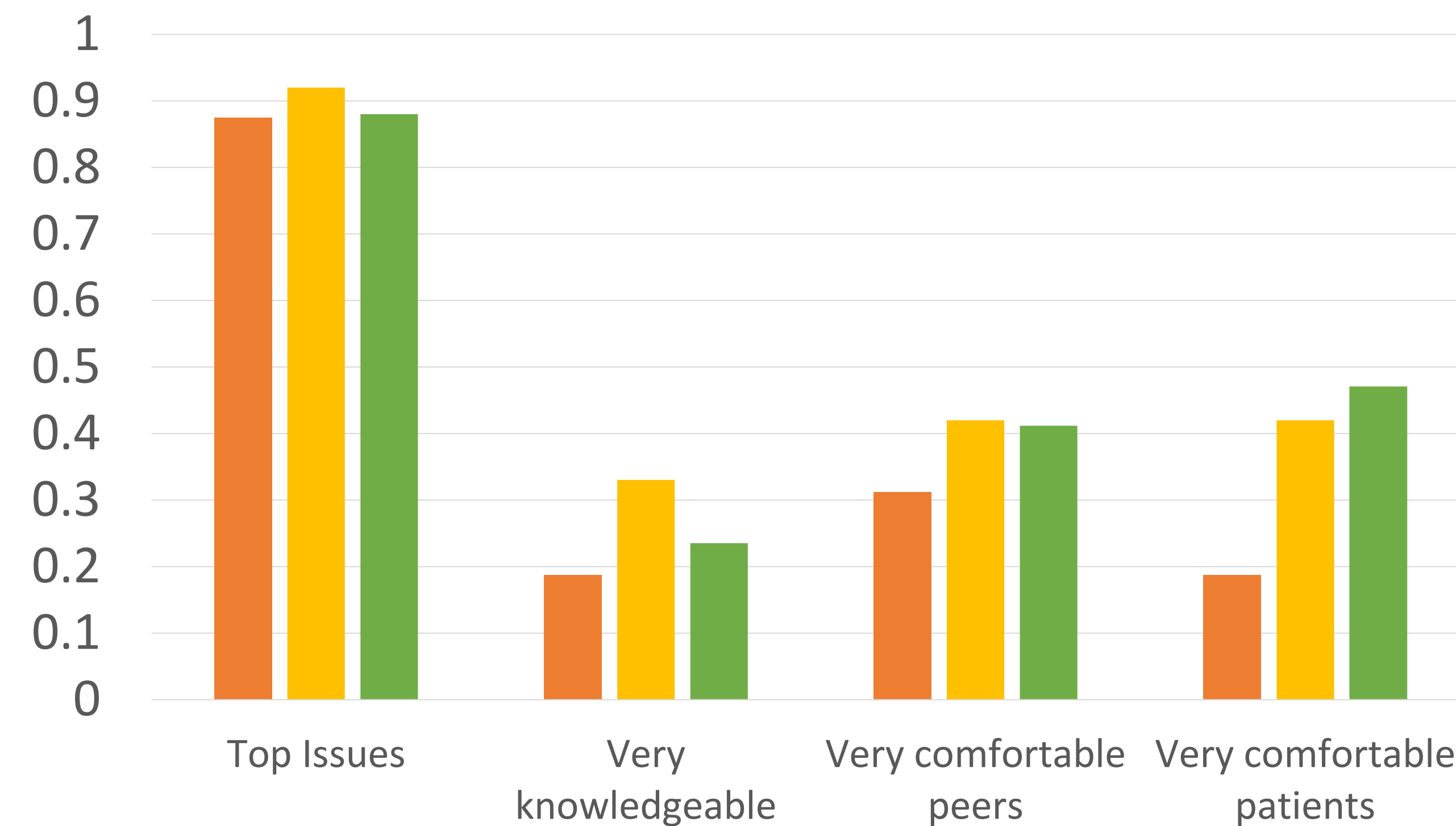
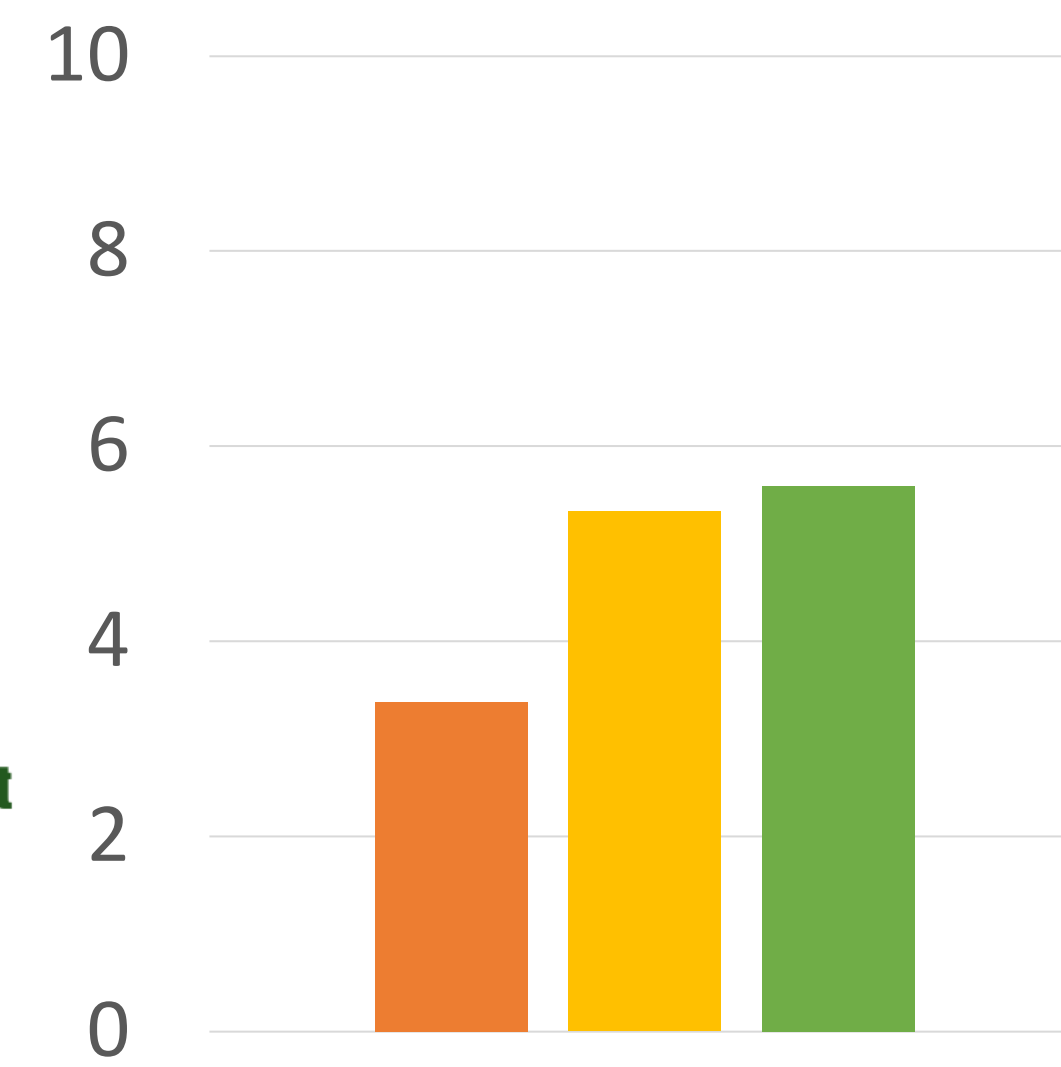


Figure 2: Performance on a 10-item health equity quiz.



Results

Residents started the revised curriculum with higher knowledge and confidence than previously, likely due to retained learning from those who completed the initial curriculum. 17 residents completed the survey and quiz. Of these, 15 felt HD was one of the top 5 issues in medicine, but only 4 felt very knowledgeable. Despite this, 7 of 17 felt very comfortable discussing HD with peers and 8 of 17 with patients. The mean score of 5.6/10 on the health equity quiz was no different when broken down by year of training; the mean score for interns was 5.75 and for seniors was 5.4.

The previous curriculum was modified to include an introductory session with all residents, followed by virtual sessions divided temporarily into topics for interns and for seniors. Multimedia features from California Newsreel and the State of Michigan were incorporated.

Table 1: Curriculum for a revised HD education program

Year 1	Year 2-3
Re-introduction to Health Disparities	
The Causes of Health Disparities	How to Screen for SDOH
Oakland County	Social Resources for Patients
Health Disparity in Michigan	Culturally Competent Care
National Health Policies	Implicit Bias
Heart, Brain, Pancreas	SDOH Personal Project

Conclusions

"Why treat people and send them back to the conditions that made them sick in the first place?" - Sir Michael Marmot

Residents from a Family Medicine program in suburban Michigan are participating in an updated HD curriculum, which aims to maximally prepare trainees to screen for SDOH and connect patients with social resources by providing experience-appropriate information and experiences.