An Assessment of Students' Knowledge of Health Disparities Through Participation in a Clinic-Based Project

Haley DeWitt
haley.dewitt@huskers.unl.edu

Lea Pounds Dr
UNMC College of Public Health, lpounds@unmc.edu

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An Assessment of Students’ Knowledge of Health Disparities Through Participation in a Clinic-Based Project

Haley DeWitt¹ and Dr. Lea Pounds²
¹University of Nebraska-Lincoln, ²UNMC College of Public Health

Introduction
This research focuses specifically on student volunteers that were working with refugees who were enrolled in a course discussing a multitude of health topics. Students were recruited from a pool of Creighton University students that participate in the program, we used the knowledge of the factors that impact health to determine the social determinants of health?

- Refugee: someone who has been forced to flee his or her country because of persecution, war, or violence.¹
- Many refugee groups have found their home in Omaha, Nebraska due to the strong economy and accessibility to jobs in hospitality and meatpacking.
- The largest percentage of refugees in the Omaha metro come from Burma and Myanmar, Sudan, Somalia, Syria, the Democratic Republic of Congo, and Burundi.³

Health disparities: the "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."²
- Most commonly caused by level of income, education history, communication difficulties, cultural barriers, and provider stereotyping³
- To prevent these problems students should develop vital skills of cultural competency as the United States is becoming more diverse. In addition, patient satisfaction and response to medical recommendations can be improved when providers understand racial and ethnic disparities as well as how to reduce them⁴

Methods
Students were recruited from a pool of Creighton University students that were enrolled in a course discussing a multitude of health topics.

- Given an extensive orientation including classroom instruction and shadowing and mentoring for several weeks.
- Students volunteered in either the Omaha Campus Clinic or the 42nd Street Clinic one day a week for approximately four hours. Six student volunteers participated from approximately February 2018 through May 2018.

For the student pre- and post-participation survey, we conducted a review of the current literature to find an existing, validated survey instrument to measure student’s understanding of the factors that impact health disparities.

- A 17-question survey developed by Robert et al⁵ to measure student’s understanding of the factors that impact health was used.
- At the end of the student’s participation in the clinic-based program, we conducted two focus groups using a semi-structured interview guide.

Discussion

- The six students were all undergraduates except for one graduate student. Additionally, the majority of them were in their early twenties, while one student was in her mid-thirties.
- Students volunteering for the refugee clinic received an average of 2.5 hours of training.
- At the end of the student’s participation in the clinic, we determined their ability to be healthy and connect them to relevant community resources to address and educate them on those needs. The education aspect of the program aimed to answer the question, Does student participation in the program enhance understanding of the social determinants of health?

Discussion-Demographic Information
The six students were all undergraduates except for one graduate student. Additionally, the majority of them were in their early twenties, while one student was in her mid-thirties.

Students’ Program of Study

Students’ Race

Discussion-Qualitative Data
Through focus groups discussions, themes emerged regarding the impact participation in the project had on the students’ lives and viewpoints.

Health Disparities: Even the most surface level resources are difficult to obtain for refugee families and extend beyond the social structure of health and illness that physicians have knowledge about.

- The definition of health considers more than what physically ails an individual, can include other underlying issues that relate to culture.
- Career Impact: Students learned the importance of accommodating to the patients’ needs as there were many routes to address the problems that may not have contained a sole medical focus.
- Students wishing to pursue medical careers felt they could be direct advocates for their patients as they were knowledgeable about potential services they could offer to improve health outcomes.

Health Outcomes: Transportation services and ESL classes were the most common resources that were provided to individuals.

ESL classes empowered the refugees to be more proactive when it came to understanding their health as well as preventative measures they could take.

Skills: Flexibility is vital when it comes to prioritizing patient needs.

- Improved documentation skills emerged while using medical software.
- Discovered the proper way to communicate their findings to providers at the clinic while focusing on the meaning of patient centered care.

Discussion-Quantitative Information

Table 1-This table compares the pre- and post-test mean scores by question in terms of knowledge regarding health disparities. Using an N value of 6 was relatively small to determine statistical significance.

Conclusions
- Skills were developed to enhance personal and professional identities through participation in the project. Results demonstrate UNMC has courses in place that promote critical thinking and introduce meaningful topics and discussions involving health disparities.
- Students that participate in service learning activities demonstrate improved attitudes, social skills, civic engagement, and academic performance⁶
- Clinical work exposes students to the strengths and weaknesses of the U.S. health system and allows them to experience problem management situations similar to those in an integrated health care system⁷

References


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