

## Background

- AMA Declaration of Professional Responsibility: *"Physicians commit themselves to...advocate for social, economic, educational and political changes that ameliorate the suffering and contribute to human well-being."*
- Numerous health inequities impact the socioeconomically disadvantaged, ethnic minority patient population at our Federally Qualified Health Center residency clinic and county community hospital.

## Purpose

- Assess family medicine residents' background and attitudes towards health equity and advocacy
- Evaluate family medicine residents' perspectives on existing health equity and advocacy curriculum
- Develop a sample health equity & policy curriculum that can be incorporated into residency education
- Identify ways to incorporate additional training and hands-on experience for residents in these topics

## Methods

- A needs assessment of residents' attitudes towards health equity and advocacy and perspective on existing residency curriculum was conducted via a web-based survey (n=20).
- A review of current existing residency curriculum was conducted via discussion with faculty.
- Curricular materials from STFM, medical journals, other residencies / medical schools, and community organizations were evaluated and compiled.
- Author met with several local community organizations to identify opportunities for partnership and experiential learning.

## Results

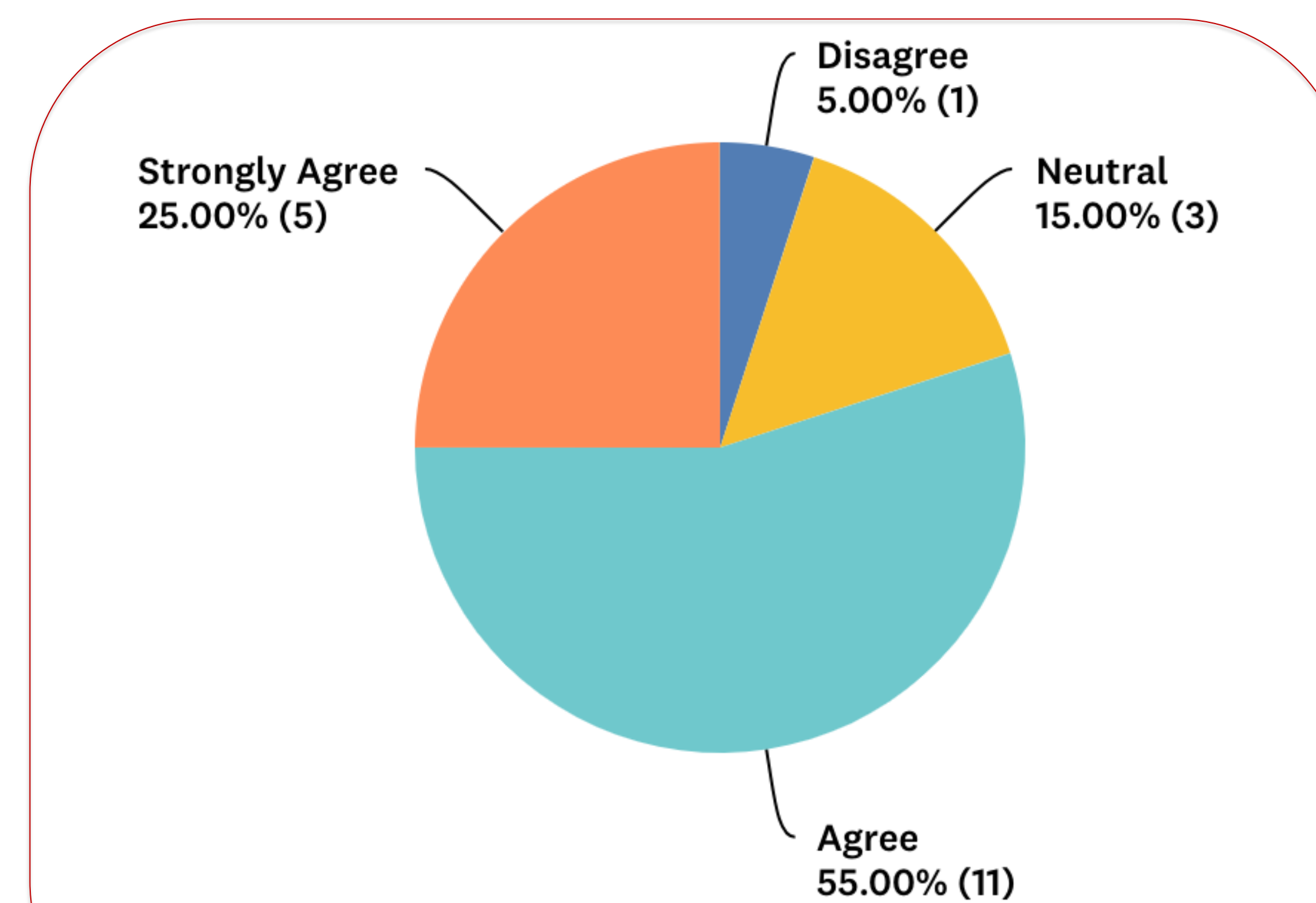


Figure 1: Resident perspective on whether health equity and advocacy training should be mandatory in residency

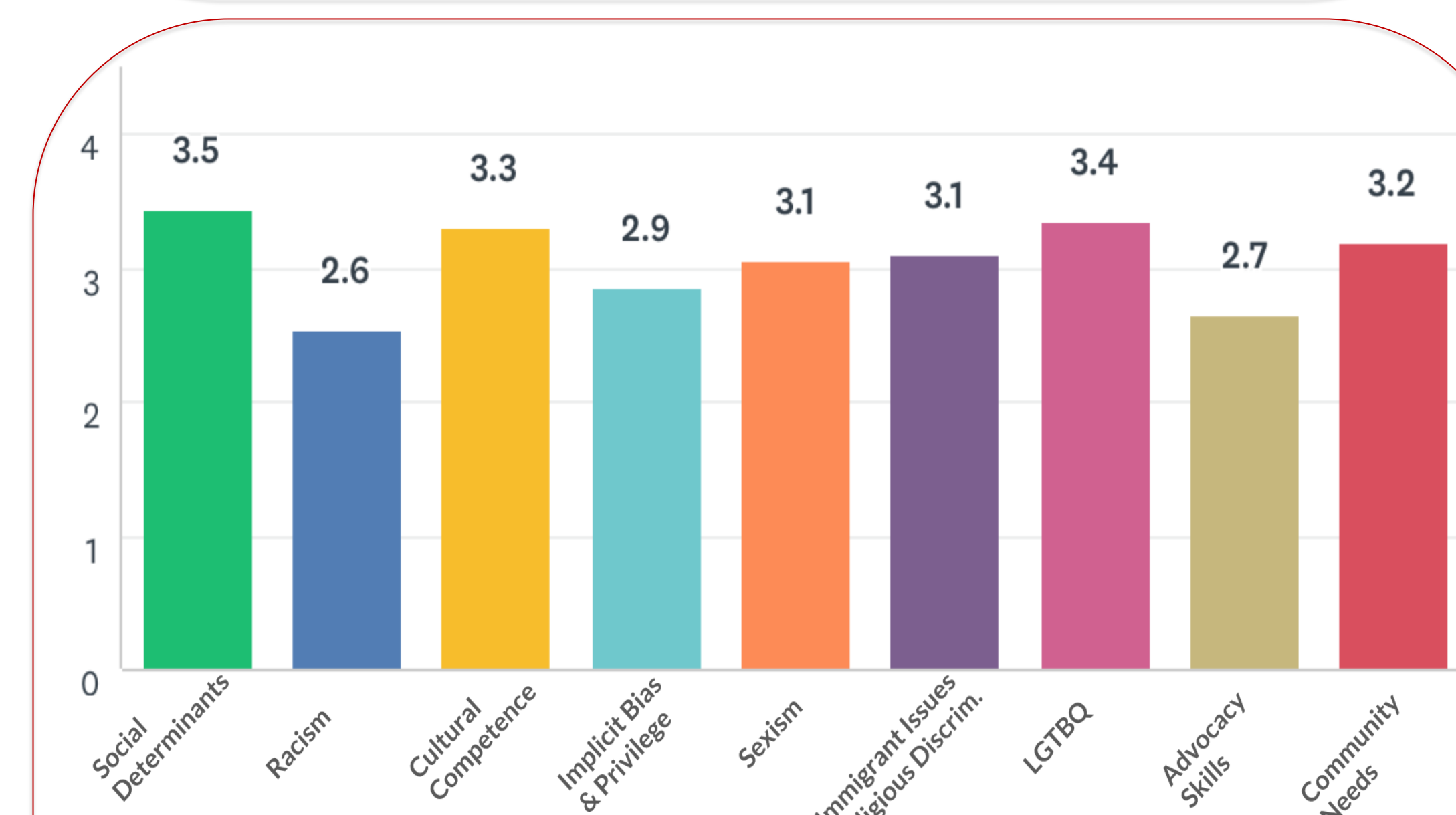


Figure 2: Average weighted-score of resident responses regarding adequacy of key topics covered in the existing curriculum. (Strongly disagree (SD) = 1, disagree (D) = 2, neutral (N) = 3, agree (A) = 4, strongly agree (SA) = 5)

Our initial needs assessment revealed that 40% of residents had prior experience with health equity and advocacy. A majority (90%) believed formalized training in health equity and advocacy is important in residency, but few (10%) thought the existing curriculum appropriately covered these topics.

Topic areas for improvement included racism, advocacy skills, implicit bias & privilege, sexism, immigrant issues/religious discrimination, and community needs.

## Curriculum Design and Evaluation

### TOPICS

- Social determinants of health
- Implicit bias
- Racism
- Sexism
- Policy & insurance
- Immigration
- Housing
- Advocacy skills
- Community needs and organizing

### DESIGN

- 2-week selective rotation: Concentrated independent learning for 2<sup>nd</sup> or 3<sup>rd</sup> year resident
- Mixture of readings, online modules, lectures, workshops, and community engagement with local partners
- Needs assessment indicates residents most prefer lectures or hands-on experiential learning

### ASSESSMENT

- Will have interested residents enroll in curriculum and provide feedback
- Creation of standardized surveys to evaluate whether learning objectives are being met
- Ongoing modification of curricular content in response to feedback

### NEXT STEPS

- Further development of local community partnerships and opportunities for hands-on community engagement
- Development of additional curricula to incorporate throughout three years of residency training for all residents

## Discussion

Residents recognize the importance of health advocacy and equity but feel the current curriculum does not appropriately address certain topic areas. An elective rotation was created for residents to gain additional experience in health equity beyond the core curriculum and has already garnered interest. Faculty and residents are additionally collaborating to further enhance health equity training through the development of community partnerships and engagement in political advocacy at the local and state level, as well as actively developing residency-wide curricula.

## References

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SCAN ME



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