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Speaker

Rebeca Rios, PhD
Project VOICE:
A Co-learning Educational Initiative with Resident Physicians and Community Members

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Background
Social Determinants of Health (SDH) and Medical Education

Health professional education has not kept pace with population health challenges

Mismatch of competencies to patient and population needs

Calls for re-alignment of medical education
Recommended SDH Education Methods

Service learning (Hunt et al., 2011; Stewart & Wubbena, 2014)
◦ Active community participation + ongoing reflection
◦ Mutually beneficial learning

Experiential learning methods (Cene et al., 2010)
◦ Active engagement
◦ Reflection on beliefs/assumptions about individuals and communities

Community engagement
◦ “activities that stress *reciprocity* and *interdependence* in mutually beneficial partnerships between academic institutions and the communities in which they reside” (Nat’l Academies, 2016)
Community Context:
Turner Station, Baltimore County, Maryland

Predominantly African American community southeast of Baltimore City

Settled late 1800s-early 1900s by black steel and ship industry workers

Historical and social context:
- In its heyday, thriving black owned businesses
- Steel industry decline
- Henrietta Lacks legacy of medical mistreatment
Project VOICE: Voices of Intergenerational Community Experiences

Bring together internal medicine residents, older and younger community members

Common mission –
- strengthen intergenerational ties,
- promote positive conceptions of aging,
- co-learning through sharing perspectives on health, aging and community

Adapted “photovoice” method (Wang et al., 2004)
Resident Learning Objectives

1) Identify specific social determinants (including social, physical, historical, and cultural contexts) influencing the health of intergenerational community residents

2) Appreciate perspectives on aging and health from local community elders

3) Reflect on ways that community engagement impacts relational skills in clinical practice

4) Explore professional identity formation with respect to social advocacy and community health
Methods
Participants

- 10 Turner Station Girl Scouts
  - Age: 5 - 12
  - Role: Learning key concepts of aging and health, learning photography and interviewing skills, participate in discussions

- 13 Senior Mentors
  - Age: 60s through 90s
  - Recruited through Fleming Senior Center; HLLG
  - Role: Sharing expertise on aging, health, community life through personal stories

- 8 Resident “Community Champions”
  - Recruited through email, noon conference announcements
  - Role: sharing perspectives, participating in discussions and reflection on the experience
Educational Activities (2016-2017)

Girl Scouts’ Orientation – July 7
7 Saturday Discussion Sessions – August-May
6 Girl Scouts Meetings – photovoice project
Mid- and End-of-Year Parties – Dec 6 and June 20
Noon Conference – June 7
Saturday Discussion Topics

Common chronic diseases in Turner Station - diabetes, high blood pressure, heart disease, arthritis, cancer, breathing problems, mental health, addiction

Positive dimensions of aging – wisdom, experience, nurturing younger generation

Patient-Doctor relationships – most valued aspects and negative experiences
Saturday Discussion Topics, cont’d

Community social and physical environments— including resources and concerns

Opportunities for health advocacy partnerships—
  ◦ Ranking topics
  ◦ Brainstorming specific options
Girl Scouts Photovoice Activities

Orientation
- Photography skills
- Interviewing skills
- Photography ethics and consent

Saturday sessions
- Took photos
- Participated in 1:1, small and large group discussions

In-home photovoice assignment – creative project, photos representing aging and health in home lives
Evaluation

Baseline surveys
Formative and summative surveys
Attendance records
Resident written reflections
Results
Senior Mentors

Attendance

• 13 SM’s attended 1-6 sessions, mean=3.6

Survey responses (N=11) – unanimous agreement:

• Enjoyment of discussions, time well spent
• Developed relationships with youth, appreciated perspectives of residents
• Trust in medical institution increased
• Would participate in future health advocacy activities
Girl Scouts

Attendance
- 7/10 participated in Saturday sessions
- Mean attendance over 7 sessions = 2.9
- Mean attendance over 6 GS meetings = 5.2

Take-home photovoice projects
- 8 received training and camera assignment
- 6 completed photographs
- 2 lost cameras
- Photography subjects – family members, older adults and children engaging in positive activities (exercise, dance, sewing), outdoor neighborhood scenes
Resident Written Reflections

Most valued aspects of their experience with Project VOICE:

- Relationships with community members (4)
- Listening to community member perspectives (4)
- Protective value of social cohesion (3)
- Learning about community strengths (2)
- Importance of intergenerational ties (2)

*Parentheses indicate the number of residents that wrote about the topic.*
Relationships with Community Members

“The open and playful conversations between the scouts and elders and the clinicians demonstrated how the presence of the doctors had become a more normalized, accepted part of this small community – which is significant, I think, given the history of mixed feelings and sometimes distrust that has historically characterized attitudes of some Turner Station community members toward Johns Hopkins.”

Description:
Residents valued building relationships with community members, including of cultivating positive emotions and trust.
Listening to Community Member Perspectives

“I loved getting to know the community and really getting to understand their health needs... For example, the majority of the community was worried about the current environment from pollution from the nearby old steel mills... (and) the safety of the neighborhood for their families and their children.”
Protective Value of Social Cohesion

“They talked about neighbors helping neighbors, watching out for each other’s families. They talked about how the community as a whole used to look out for the wellbeing of children in the neighborhood, how it was not unusual for a child to have their behavior corrected by a neighbor.”

Description:
Residents appreciated having a first-hand view into protective aspects of the social environment of this tight-knit community.
Conclusions
Lessons Learned

Challenges:
◦ Resident schedules
◦ Engaging girls of different ages

Strengths:
◦ Meaningful community engagement
◦ Focus on community strengths and assets
◦ Fostered individuation, perspective taking
◦ Stimulated/reinforced drive for community health advocacy participation among resident physicians
Limitations

Small number of self-selected residents
Lack of clinical outcomes, population health outcomes
Future Directions

Develop health advocacy projects based on community member priorities

Expand number of residents involved

Deepen involvement of residents through multiple communication channels

Resilience approach to community-engaged medical education research
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