



Harnessing Technology To Deliver a Health Disparities Curriculum During a Physician's Most Formative Years

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Background

- Addressing widespread, national calls for more effective and consistent teaching of the social determinants of health

Objectives

- To create, implement, and evaluate an innovative health disparities curriculum

Aims

- Creating a new health disparities curriculum based on SGIM Diversity Task Force 2008 guidelines¹
- Integrating the health disparities curriculum into pre-established pre-clinical curriculum via online learning management system
- Evaluation of the interventions' effectiveness

Methods

- A highly adaptable and broad health disparities curriculum was designed using **SGIM Diversity Task Force** guidelines¹.
- The curriculum was made available to the entire MS1 cohort (n=188) in the form of lecture enhancing documents downloaded from the **online learning management system** where all learning materials are accessed.
- A pre/post curriculum assessment measured participant (n=91) baseline improvements in **factual knowledge** and **clinical application** of health disparities.

Results

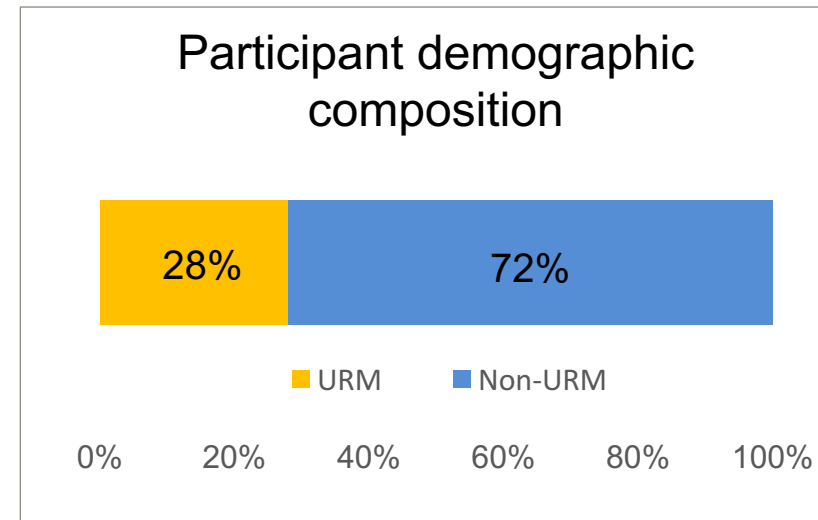


Figure 1. Study participants were asked if they self identified as underrepresented in medicine.

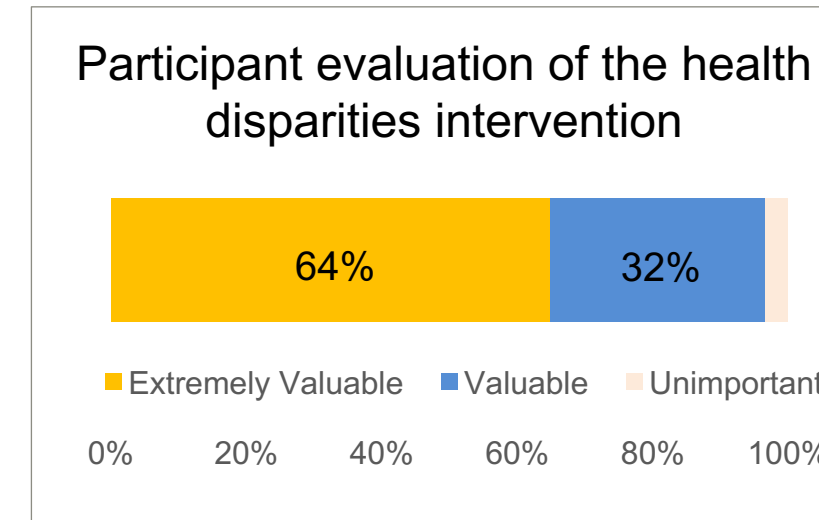


Figure 2. Study participants were asked about the inherent value of the health disparities intervention content and delivery.

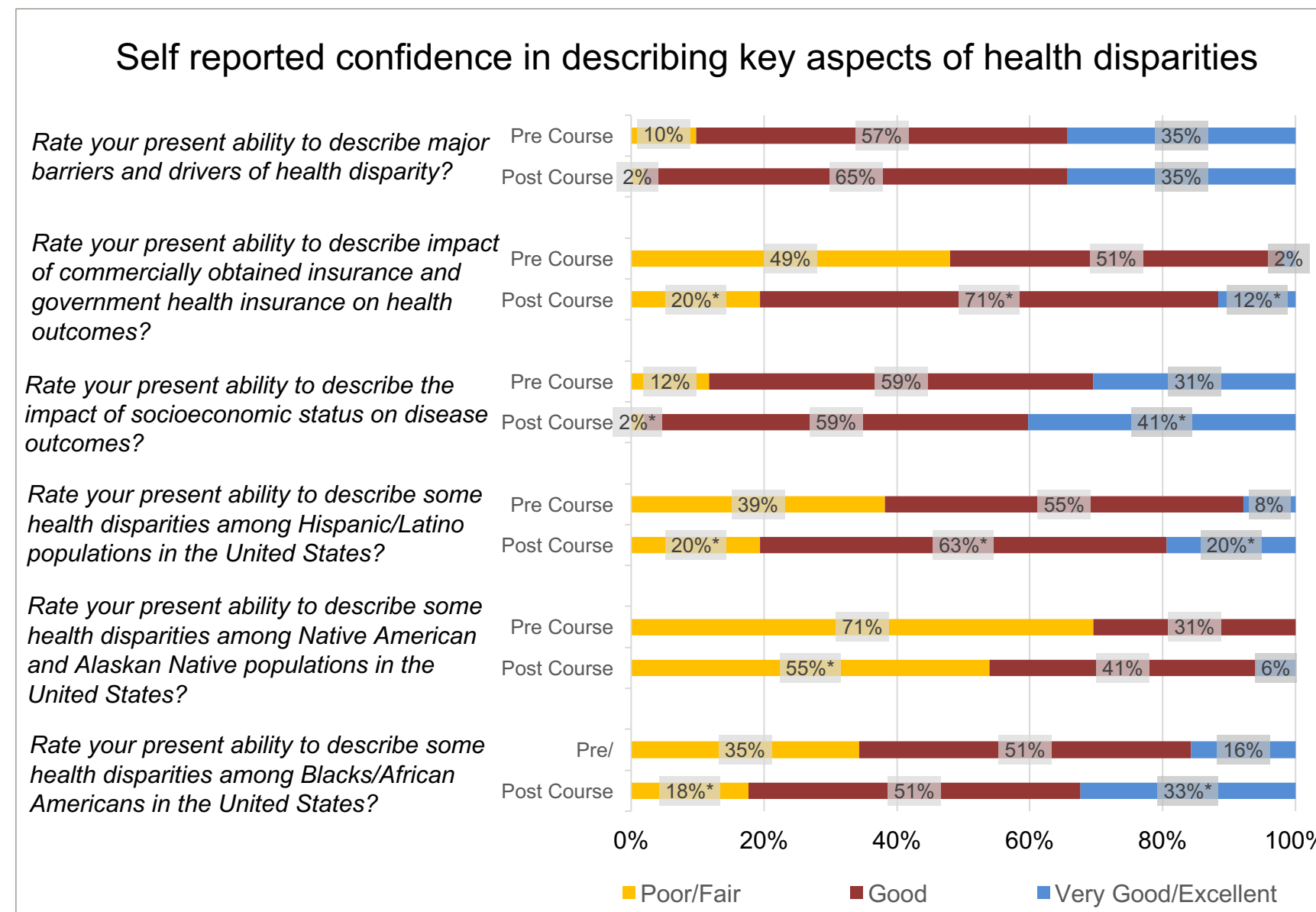


Figure 3: Intervention group's self reported confidence in 6 broad topics were assessed before and after the study intervention. Participant confidence in describing broad aspects of health disparities were assessed before and after the intervention with the options of: "Poor/Fair", "Good", or "Very Good/Excellent". Significant improvement was noted in the intervention group's ability to confidently describe important aspects of health disparities.

Results Cont.

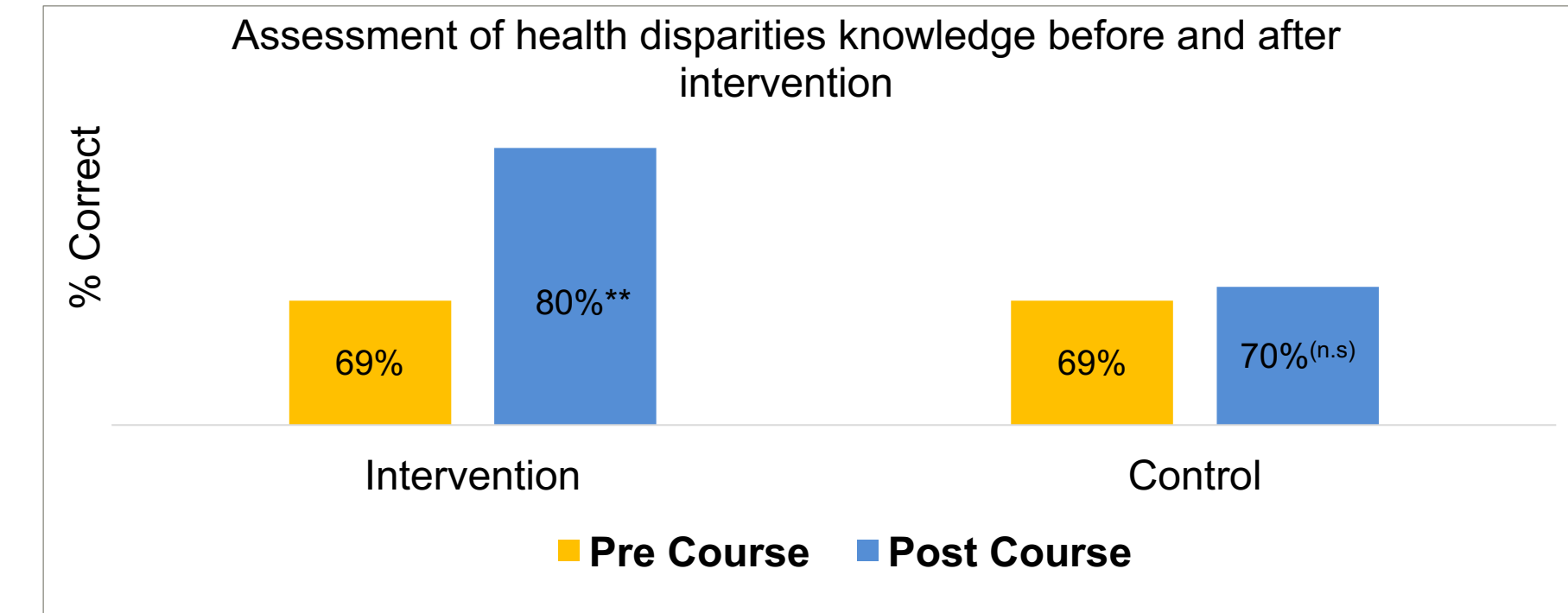


Figure 4: Participants in the study were divided into either control group or intervention group based on self reported use of the supplemental health disparities content. Participants' knowledge of current health disparities information was assessed before and after the study intervention. Significant improvement was noted in the intervention group.

Discussion

- No statistically significant differences were found in pre-curriculum knowledge assessments or pre-curriculum self-reported confidence.
- Overall, 96% of the cohort described the health disparities curriculum as a valuable learning resource.

Conclusions

- This study highlights the viability of annotating traditional lectures with health disparities content based on SGIM Diversity Task Force guidelines.
- Online delivery of a health disparities curriculum is effective contingent on utilization and highlights the need for creating a culture of interest in health disparities.

Acknowledgements

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1. Ross, Paula T., et al. "A Strategy for Improving Health Disparities Education in Medicine." *Journal of General Internal Medicine*, vol. 25, no. S2, 2010, pp. 160–163., doi:10.1007/s11606-010-1283-3.